

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

Thursday 9 June 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
Mr D Brown	Non-Executive Director
Prof C Deadman	Non-Executive Director
Mr R Dhaliwal	Non-Executive Director (absent from the meeting between 1400-1500hrs)
Mrs H Flavell	Director of Nursing
Dr J Jones	Acting Medical Director
Dr D Lee	Non-Executive Director
Prof T Purt	Non-Executive Director (left the meeting at 1600hrs)
Mrs H Troalen	Director of Finance
IN ATTENDANCE	
Ms R Boyode	Director of People & Organisational Development
Ms R Edwards	Associate Non-Executive Director
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
Ms A Lawrence	Director of Midwifery (in attendance for item 107/22)
Ms C McInnes	Director of Operations, Women & Childrens Division (in attendance for item 107/22)
Mr M Underwood	Medical Director, Women & Childrens Division (in attendance for item 107/22)
Mr M Wright	Programme Director, Maternity Assurance (in attendance for item 107/22)
Ms B Barnes	Board Secretariat (Minutes)
APOLOGIES	
Mrs T Boughey	Non-Executive Director
Dr D Lee	Non-Executive Director

No.	ITEM	ACTION
PROCEDURAL ITEMS		
094/22	<p data-bbox="316 331 916 367">Welcome, Introductions and Apologies</p> <p data-bbox="316 407 1299 479">The Chair welcomed all those present, and observing members of the public attending the meeting via the live stream.</p> <p data-bbox="316 519 1299 698">Dr McMahon extended a warm welcome to Ms Rosi Edwards, who had joined the Board on 1 June 2022 as an Associate Non-Executive Director (A.NED). Ms Edwards' experience is within the legal sector, and the Health & Safety Executive (HSE), and she has established NED experience from elsewhere within the NHS.</p>	
095/22	<p data-bbox="316 734 517 770">Patient Story</p> <p data-bbox="316 810 1283 990">The Director of Nursing introduced a video, in which the daughter of a patient described the days she spent with her father prior to his death in September 2021. The storyteller described two chance encounters, the memories of which remained with her, as they had a significant impact upon the quality of her father's final days.</p> <p data-bbox="316 1030 1283 1209">The first encounter was with Dr Ramadoss, the Consultant on-call when her father was admitted to the Trust. The storyteller described how, when the time came, Dr Ramadoss assisted in facilitating her father's discharge to a nursing home, helping to enact his wish not to die in hospital.</p> <p data-bbox="316 1249 1283 1617">The second encounter was with Rev Keith Osmund-Smith, the Chaplain on site when she was having a particularly difficult day and sought support. The subsequent regular contact between Rev Keith and her father visibly lifted his spirits, providing him and the family with a source of comfort. As her father's care transitioned from active treatment to palliative care, Rev Keith supported the family, providing pastoral and spiritual care. The storyteller highlighted the benefits of integrating Chaplaincy into the admission process, to ensure that patients and their families could benefit from better access to spiritual and pastoral support.</p> <p data-bbox="316 1657 1283 2024">The Board of Directors noted the patient story, and the subsequent actions which had been taken by the Trust to raise awareness of the services provided by the Chaplaincy Team. These included an increase to the size of team, sharing the storytellers experience in training sessions to highlight the importance of discussing faith and belief with patients on admission, planned workshops to reinforce the importance of pastoral and spiritual support, and the development of a system to flag patients being treated by the Palliative and End of Life Care Team, enabling the Chaplaincy Team to reach out to the patient and people important to them.</p>	

096/22	<p>Quorum</p> <p>The Chair declared the meeting quorate.</p>	
097/22	<p>Declarations of Conflicts of Interest</p> <p>The Chair advised that declarations had been received from Ms Edwards, 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>	
098/22	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 12 May 2022 were approved by the Board of Directors as an accurate record.</p>	
099/22	<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 be closed, as a separate Getting to Good report, outside of the Integrated Performance Report (IPR), was being presented to the Board going forward • Action 9 to remain open pending the embedding of identified actions and progress into future Genba Walk reports • Action 10 to be closed, as the requested Board Seminar on the challenges of risk of managing COVID-19 had now been scheduled. <p>No further actions were listed for review.</p>	
100/22	<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>	
REPORTS FROM THE CHAIR AND CHIEF EXECUTIVE		
101/22	<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"> • Dr McMahon reported on her very interesting and informative recent visits to PRH Radiology Department and RSH Emergency Department. In Radiology, she was shown how many of the legacy machines had been replaced with technologically advanced 	

	<p>solutions, and the team clearly took a pride in their technology. In ED she was pleased to see the major re-build and modernisation of the Department which, importantly, was enabling them to build in some additional capacity</p> <ul style="list-style-type: none"> • The Chair thanked Mrs Clarke, Director of Public Participation, and her team, for the work they had undertaken during the recent Volunteers Week, highlighting in particular the afternoon teas for the Trust’s volunteers at PRH and RSH, in appreciation for the real value they provide to the Trust, patients and staff through their volunteer work. Dr McMahon had been very impressed by the number of young volunteers who she had the pleasure of meeting, and in particular hearing how their volunteer work was supporting their future career plans • Finally, the Chair referred to recent prosecutions of the Trust by the CQC with regard to the care and deaths of two patients. The cases were held at Telford Magistrates Court on 18 May 2022. The judge, in his sentencing, advised that the fines imposed on the Trust had been mitigated by the Trust pleading guilty at the earliest opportunity, in addition to the prompt, extensive and effective actions that the Trust had taken to prevent a recurrence of such tragic incidents. On behalf of the Board, the Chair extended full apologies to the families for the poor care that their family members had received whilst within the Trust. <p>The Acting Medical Director who, together with the Director of Nursing, had attended court to represent the Trust, added that the Board recognised the long lasting effect of these tragic incidents on the the families. Each one represented a profound impact on people’s lives, and Dr Jones emphasised the importance of all colleagues focusing on that personal element, rather than focusing solely on the review and actions from reporting.</p> <p>The Board of Directors noted the report, and expressed their support for Dr Jones’ comments.</p>	
102/22	<p>Report from the Chief Executive</p> <p>The Board of Directors received a verbal report from the Chief Executive.</p> <p>Mrs Barnett referred to the IPR, and other subsequent reports on the agenda, which set out the key areas of focus for the Trust, and the actions being taken. She wished, however, to make specific reference to Dr Jones’ earlier comments, stressing that she and her executive team recognised the seriousness and importance of these matters.</p> <p>Mrs Barnett highlighted the determination to deliver improvements across the organisation through the Trust’s Getting to Good Plan. Whilst significant strides had been made, it was recognised that there was more to do, to ensure the delivery of safe and effective care for the communities served by the Trust.</p> <p>The Board of Directors noted the report.</p>	

STRATEGIC, QUALITY AND PERFORMANCE MATTERS		
103/22	<p>Integrated Performance Report (IPR)</p> <p>The Board of Directors received the report from the Chief Executive.</p> <p>Mrs Barnett covered the following key points:</p> <ul style="list-style-type: none"> • April had been another challenging month for the Trust. There had been significant pressure due to COVID-19, with the highest number of inpatients recorded during the pandemic. The number had now reduced significantly, and had been sitting within the range of 15 -20 over the last week or more • The Shropshire Telford & Wrekin (STW) system had declared a critical incident from 14-25 April due to the significant urgent and emergency care pressures being experienced, with higher than average sickness within the workforce exacerbated by COVID-19 • There had been continuing efforts in April to address and improve ambulance handover times, which remained at unacceptable levels. Progress was made with regard to primary care streaming and SDEC in-reach to ED to support this improvement, alongside the refinement of plans to implement the acute floor, which was aimed at improving patient experience and flow. The Integrated Care System (ICS) was also leading work with system partners to support improvements • The Trust was striving to ensure that as many services as possible could be restored, to reduce the current waiting times, which it was recognised were also at unacceptable levels • The number of permanently employed staff continued to increase, with actions to ensure that retention was improved, particularly supporting staff who have been with the Trust for less than a year. The Trust's culture improvement work also continued, with further work underway to support leaders across the organisation, in line with the People Strategy <p>Mrs Barnett 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, 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.</p> <p>The following additional points were covered:</p> <ul style="list-style-type: none"> • Dr Jones referred to Hospital Standardised Mortality Ratio (HSMR) reporting, and clarified the background to the changing data points. He confirmed that the Trust had recently been reporting provisional data, and will return to reporting finalised data, which should provide greater accuracy • Mrs Flavell highlighted a slightly detrimental position with regard to complaints in April, due to capacity issues. Successful 	

- recruitment into the team had now taken place, and dual focus would be given to addressing the present backlog and complaints
- One to One care in labour, and Delivery Suite acuity, had slightly improved in April. Early indicators for May showed further improvement. Assurance was provided of the ongoing mitigation in place and triangulation with other indicators
 - The smoking at time of delivery (SATOD) Health Pregnancy support service had now been strengthened following recruitment, and was fully operational
 - Assurance was provided, in response to reference in the report to the senior midwifery leadership team now being rostered for a clinical shift per week to support safe staffing levels. It was confirmed that this referred to specialist nurses, and the Chair suggested that the wording of that sentence was misleading. She invited consideration to be given to rewording it for clarity, to reflect that this referred to specialist midwives who undertake clinical shifts as a formal part of their job plan, and not diversion of co-ordinating midwives, who should remain supernumery at all times.
 - Following a request for assurance on the management of staff availability, the Director of Finance confirmed that the budget headroom of 24% availability was a more than reasonable assumption compared to neighbouring Trusts. It was acknowledged, however, that after two years of not operating as normal due to the pandemic, there was a need to have the right processes and systems in place to support clinical leadership to effectively manage their establishment. The Director of Workforce & OD suggested that it would be beneficial for the Board to receive a quarterly workplace plan, to provide a staffing overview, which was agreed as an action, for reporting from August onwards

DPOD

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.

The following additional points were covered:

- With regard to the financial impact for colleagues as a result of the national cost of living rises, Ms Boyode advised that the Trust was one of seven within the NHS who were offering a food bank. The organisation was also seeking to become a living wage partner, and more information on this would be shared with the Board in the coming months
- In response to a query on the Whole Time Equivalent (WTE) employed figures detailed within Page 39 of the report, Ms Boyode clarified that recruitment activity was mainly focussed on frontline roles. The figure would continue to change as work continued with colleagues to determine how things could be done differently where it was not possible to recruit to particular roles
- In recognition that listening to staff as well as patients and the community was critical, Ms Boyode reported on the implementation of alternative additional arrangements for

speaking out. In addition to providing development to leaders and managers in compassionate, inclusive and effective communication, and strengthening the Freedom to Speak Up (FTSU) team, it was recognised that some colleagues would prefer to speak in confidence to someone independent from the organisation. The Trust was therefore in the process of agreeing an arrangement for an anonymous alternative independent route that colleagues could utilise if required.

Mrs Barnett added that, whilst there was undoubtedly more to be done with regard to colleague engagement, it was encouraging to see people starting to share tangible examples. This was assisting the Trust in being able to provide appropriate support and take any necessary action. She reinforced the commitment of the Trust to ensuring the best possible levels of response when colleagues speak out, and further progress updates would be provided regularly to the Board of Directors.

Operational Summary

The Acting Chief Operating Officer referred the Board of Directors to the full detail contained within the Operational section of the IPR, which was taken as read.

Ms Biffen additionally advised the Board of the following points:

- Elective recovery continued to be challenged, with performance significantly below the national standard. Assurance was provided that a range of plans were in place to increase activity for 2022/23, and the Trust was on track to reinstate PRH elective orthopaedic work from 20 June 2022
- The divisional teams continued to work to reduce the number of 104 week waits. It was noted that whilst the national target at the end of June 2022 was zero, the Trust was set an agreed target by NHSEI of 15 Orthopaedic and 15 Ophthalmology cases. Of those cases, the Trust would have 9 patients waiting at the end of June, and was on target for zero 104 week waits at the end of July 2022
- Close working with the ICS and system partners continued. As the ICS had now appointed an executive team, the system was now able to benefit from leaders who could work with providers to look more effectively at system-wide solutions to current challenges
- Work was ongoing, both internally and with system colleagues, to focus on how the speed of the discharge process could be improved, noting that there were 120-140 patients who were medically fit for discharge at any particular time.
- Mrs Barnett added that, whilst there were certain actions within the control of the Trust and the system, work continued in looking outside of the Trust. Wherever learnings were identified they were being built into planning and approach.

The Chair invited Ms Biffen to consider a discussion on the the Trust's plans to recover elective work as part of next month's IPR section.

	<p>Finance Summary</p> <p>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.</p> <p>Mrs Troalen covered the following additional points:</p> <ul style="list-style-type: none"> • Along with all other Trusts, work continued to finalise the 2022/23 annual plan • Assurance was provided to the Board that the capital spend figure appeared small against the target due to the need to currently report against the aspirational plan for the year. The intention was to report on spend against the plan from Month 2 <p>The Board of Directors noted the Integrated Performance Report.</p>	
104/22	<p>Getting to Good Progress Report</p> <p>The Board of Directors received the report from the Chief Executive (noting that the agenda had incorrectly referenced the Director of Finance as the executive lead).</p> <p>The following key points were covered:</p> <ul style="list-style-type: none"> • Following agreement by the regulator that a formal extension to the arrangements was not required, the Improvement Alliance between the Trust, University Hospitals Birmingham NHS Foundation Trust (UHB) and NHSE/I had ended on 31 March 2022. The Trust's Getting to Good (G2G) reporting had previously been received at the Improvement Alliance Committees in Common monthly meetings but, with the ending of the Alliance, the G2G governance framework had been revised. Going forward, progress on delivery of the nine programmes, each of which was led by an Executive Director, and the 26 projects within G2G would be reported monthly in Board of Directors' meetings in public • It was acknowledged that the Board of Directors required greater understanding of the programme. The Board had not been directly involved in the previous 18 months, as detailed reports had been received by the Alliance Committee in Common, a delegated committee of the SaTH Board. A Board Seminar would be scheduled in this regard • The Chair clarified that the situation around some of the queries raised by the Non-Executive Directors at today's meeting would therefore become clearer following that session <p>Assurances provided by the executive on questions relating to this month's report are summarised as follows:</p> <ul style="list-style-type: none"> • Communications & Engagement: The recruitment process for the substantive Head of Communications was underway. The interview date had needed to be slightly postponed, but was imminent. Following appointment, the new Head of 	DGC

	<p>Communications, would have responsibility for development of the Trust's Communication Strategy</p> <ul style="list-style-type: none"> • Board Assurance Framework (BAF): all actions on the BAF had been discussed, and the reference in the report was to those actions which would be progressing throughout the year, noting that this represented the 'golden thread' • Future Focused Finance (FFF): Level 1 accreditation had been achieved and work was progressing on the Trust's Level 2 submission <p>The Board of Directors noted the report.</p>	
105/22	<p>ICS Green Plan</p> <p>The Board of Directors received the report from the Director of Finance, which was taken as read.</p> <p>The following points were covered in subsequent discussion:</p> <ul style="list-style-type: none"> • The move to ICS required integration of all system plans into a system-wide plan. The ICS Green Plan ensured that it did not commit the system to going beyond individual provider plans • The sustainability and climate change programmes were at an early stage but, in response to a query on food and nutrition, Mrs Troalen thought it likely that social responsibility elements would be embedded in future provider contracts • Mrs Boughey had submitted feedback to Mrs Troalen by email, as she was unable to attend today's meeting, and had highlighted that there was no reference to the UN Sustainable Development Goals (which Mrs Troalen would relay to the document authors), nor to building environmental competencies into the Trust's cultural change programme (which Mrs Troalen would pick up with Ms Boyode) • Ms Milanec highlighted to the Board that this plan had already been agreed by the ICS CEO Group. As the approval process was therefore out of sync from a governance perspective, it was acknowledged that the plan could be supported by the Trust's Board of Directors but not approved. <p>The Board of Directors supported the ICS Green Plan.</p>	
106/22	<p>Estates and MES Quarterly Report</p> <p>The Board of Directors received the report from the Director of Finance, covering a summary of activity over Quarter 4 2021/22.</p> <p>Mrs Troalen clarified that this report would be presented at Board bi-annually going forward. The report was taken as read, and discussion covered the following points:</p>	

	<ul style="list-style-type: none"> • It was pleasing to note that the Department had engaged six apprentices, who were all progressing well since they had joined the Trust in October 2021 • There was lack of reference to a Fire Officer noted within the report. Mrs Troalen provided assurance that, as it had not been possible to recruit into the post following the departure of the previous incumbent, a contract was in place with Royal Wolverhampton NHS Trust to provide targeted support, alongside training of deputies within the Trust. Clarification was provided that it was not appropriate to request Fire Officer support from the Shropshire Fire & Rescue Service (SFRS) as they assess the Trust's compliance around fire risk. It was noted that the Trust was receiving excellent and timely support from Royal Wolverhampton • In response to a query on planned preventative maintenance (PPM) and whether the Board should be aware of any area that may be being left behind, Mrs Troalen responded that nothing had been raised to her as a particular risk. She took an operational action, however, to check this point following the meeting and respond accordingly. <p>The Board of Directors noted the report.</p>	
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ASSURANCE FRAMEWORK		
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107/22	<p>Ockenden Report Action Plan</p> <p>The Board of Directors received the report from the Director of Nursing, who was joined for this item by Mrs Lawrence, Ms McInness and Mr Underwood from the Women & Childrens Division, and Mr Wright, Programme Director, Maternity Assurance.</p> <p>Mrs Flavell confirmed that the report provided an update on outstanding actions from the first Ockenden Report in 2020; and the current position in relation to the actions from the final Ockenden Report in 2022, as at 10 May 2022.</p> <p>The Board of Directors was referred to the full detail contained in the report, and the following key points were noted:</p> <ul style="list-style-type: none"> • There were 210 actions in total for the Trust to implement from the two reports, and all actions from both reports were now in one single Action Plan • As at 10 May 2022, the anticipated delivery and completion dates had been set for 101/158 actions from the final report, leaving 57 yet to be dated. Those actions would require more detailed consideration, negotiation and discussion with various stakeholders before the delivery and completion dates could be determined, and this work was being planned for • The delivery and progress status of all actions from both reports, as validated by the Maternity Transformation Assurance Committee (MTAC) on 10 May 2022, was: <ul style="list-style-type: none"> Delivery • 146 not yet delivered 	
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- 23 delivered, not yet evidenced
- 41 evidenced and assured
- **Progress**
- 139 not started
- 1 off track
- 0 at risk
- 29 on track
- The Division had reviewed and considered each action in turn, to ensure there were no immediate risks to patient safety that would impact women and families. In doing so, the Division was confident of the ongoing commitment to improving care quality and clinical safety
- Reference was made to a question at the previous Board meeting on the risk appetite for the Ockenden actions. Mrs Flavell confirmed that, essentially, all actions were required to be delivered in full, however it would not be possible to achieve all actions at once and/or necessarily within a relatively short time frame. The Division was considering how best to prioritise the actions. When this work had been completed, the Board of Directors would be apprised of the assessments made which, in turn, would describe the risk appetite applied until all actions had been delivered
- Assurance was provided on Item 1.4 of the Action Plan, showing as off track as it required external support, clarifying that this action was about how the Trust could work with other Local Maternity Systems (LMNS) as best practice. With regard to the transition of accountability from the CCG to the ICB, it was noted that the new Chair of the ICB Quality Committee would be the Chair of the LMNS going forward
- Clarification was sought on whether the off track status of Item 1.4 called into question the status of Items 1.3 and 1.5, specifically whether those actions could meet the requirement of the Ockenden Report which stipulated that an LMNS could not comprise of a single provider. The following assurance was provided by Mrs Flavell and Mr Wright in this regard:
 - Actions 1.3 and 1.5 were standalone actions and were not dependent upon the delivery of action 1.4. Those actions can, and have been met, irrespective of the delivery status of action 1.4
 - All actions had gone through numerous rounds of checks and challenges, including wide stakeholder membership. Evidence was also stored to support all decisions made at MTAC, which was available for review at any time
 - The Trust was receiving support from adjacent LMNS' and a further LMNS had recently expressed a wish to join the support network
- Mrs Barnett thanked Divisional colleagues for the huge amount of work they had completed to date in embracing the next phase of actions. She observed that it appeared, on the face of it, that not many actions were currently underway, despite components which had already been taken forward, which did not seem to be reflected in the Action Plan. The Director of Midwifery confirmed

	<p>that each of the 158 actions from the final report had a number of sub-actions, which explained the complexity. Mrs Lawrence provided assurance that work was being proactively undertaken to determine how actions could be delivered, embedded and assured. Risk prioritisation would be presented at the next MTAC meeting, at which point it was hopeful 18 actions would be approved as evidenced and assured</p> <ul style="list-style-type: none"> • The divisional representatives at the meeting confirmed that there was a strong wish to engage and involve multi-disciplinary colleagues across the Trust, and there was a real appetite amongst staff to be involved. Internal colleagues, and colleagues from across the system, would be invited to a relaunch session planned for the following week, so that there was shared ownership, including working closely with the Maternity Voices Partnership (MVP). Evidence of progress made through this shared working would be provided to the Board of Directors over the coming months • Once Divisional work had been completed on prioritisation, Mrs Flavell proposed an Executive Confirm and Challenge session take place with the Division, to provide assurances and understanding of the work and processes. The proposal was welcomed, and outputs from the Executive session would be scheduled within the Board Seminar programme • The Chair invited colleagues to consider how the Action Plan could be kept meaningful, to avoid its ongoing review becoming rather mechanical. Accepting there was a requirement for the Board of Directors to formally track progress, Dr McMahon expressed the Trust's wish for the public to also see a sense of a lived benefit, to bring richness to what the actions actually mean. Following discussion, it was agreed that the Ockenden Report Assurance Committee (ORAC) meetings would provide an effective opportunity to keep the Action Plan meaningful, to introduce a real life aspect (observing appropriate confidentiality according to families' preferences), alongside scrutiny of a thorough and detailed set of actions. Mr Wright added that this conversation had already been started with ORAC, and all further ideas were welcomed • Finally, it was confirmed that the next ORAC meeting would take place on 21 June from 14.30-17.00, and would be live streamed to the public <p>The Board of Directors took assurance from the information provided in the report.</p>	DGC
108/22	<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>The report was taken as read and the following points were noted:</p>	

	<ul style="list-style-type: none"> • Incidents relating to the admission of patients continued to be an area of concern, with an increase in the number and percentage of incidents since January 2022. A decision had recently been taken to put in place a Transformation Programme within ED, and Dr Jones would report back to the Board in this regard in due course • With respect to Graph 1 detailing the admission of patients by severity of harm, assurance was provided to the Board that this was being taken very seriously and the executive were focusing strongly on trying to understand how this could be overcome • Dr Jones provided assurance of the progress being made with the development of the Trust's clinical governance, and in particular that Serious Incidents (SIs) were now being reported in a timely way, with timely instigation of investigation by appropriate people. It was noted that the next phase of development was to improve the follow through on action planning, and ensure governance committees were able to easily gain access to action completion and improvement data. There was also a wish to disseminate learning from incidents beyond the original area to other teams across the Trust, in the interests of those colleagues benefitting from shared learning • Assurance was sought on whether there was more that could be done to encourage and support staff to report incidents, particularly if a department was under pressure. It was noted that this came back to the value of people seeing that useful and valuable actions had been delivered as a result. Mrs Flavell suggested, that whilst she wasn't aware of colleagues not being allowed time to report incidents, this question could be included as part of an internal survey taking place in July. <p>The Board of Directors noted and took assurance from the report.</p>	DON
109/22	<p>Quality & Safety Assurance Committee Monthly Report</p> <p>The Board of Directors received the report from Mr Brown, in the absence of the Committee Chair, Dr Lee.</p> <p>The Board was referred to the detail in the report, which was taken as read, and the following additional points were noted:</p> <ul style="list-style-type: none"> • The Committee invited Ms Boyode to discuss with the Director of Midwifery the approach of 'rescue interviews', which took place within the Women & Childrens Division, with a view to rolling these out more widely across the Trust • The Chair sought clarity on whether the alert relating to paediatric triage was highlighting an issue where mitigation was in place, or whether no action was being taken. Dr McMahon invited the assurance committee Chairs to consider the inclusion of short commentary in future reports with regard to the appreciation of risk and mitigation • Ms Biffen clarified that as part of the ED Transformation Programme, paediatric ED at PRH would be one of the areas 	

	<p>being looked at. She confirmed that there were plans in place to deliver improvements, having seen the improvement in paediatric triage at RSH following the introduction of increased space. Mrs Flavell added that other options were also being explored, such as bringing the Trust's paediatric services into ED</p> <p>The Board of Directors took assurance from the ongoing monitoring activity by the Committee.</p>	
110/22	<p>Finance & Performance Assurance Committee Monthly Report</p> <p>The Board of Directors received the report from the Committee Chair, Prof Deadman.</p> <p>The report was taken as read, and Prof Deadman congratulated the executive on the inclusion of profiles of anticipated future performance, which the Committee had found extremely helpful. It was noted that, as this methodology matured, the Board would be able to determine if the Trust's plans, proposals, expenditures and performance improvement targets were optimal.</p> <p>The Board of Directors took assurance from the ongoing monitoring activity by the Committee.</p>	
111/22	<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 11 May 2022 to Ward 26 at RSH, the Procurement Department at Shrewsbury Business Park, and PRH Neonatal Unit.</p> <p>The report was taken as read, and Ms Boyode provided assurance that all actions identified from Genba Walks would continue to be tracked and, where possible, improvement demonstrated with case studies.</p>	
BOARD GOVERNANCE		
112/22	<p>Review of Board Committee Membership</p> <p>The Board of Directors received the report from the Director of Governance and Communications, who introduced the Chair to speak to this item.</p> <p>Dr McMahon advised that following the recruitment of one new Non-Executive Director and two new Associate Non-Executive Directors, the membership of the Board Assurance Committees had been reviewed and adjusted accordingly.</p> <p>The proposed committee membership was included as Appendix 1, and the Board was asked to approve the new membership allocations, as per Standing Order 4.2.</p>	

	<p>With regard to membership of the Remuneration Committee, the Chair clarified that the Associate NEDs were not voting members of the Board, and invited them to step down from attending any of these bi-monthly meetings if they had other priorities.</p> <p>The Board of Directors approved the new membership allocations.</p>	
PROCEDURAL ITEMS		
113/22	<p>Any Other Business</p> <p>There were no further items of business.</p>	
114/22	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Board of Directors was scheduled for Thursday 14 July, commencing at 13.00hrs. The meeting would be live streamed to the public.</p>	
STAKEHOLDER ENGAGEMENT		
115/22	<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.		