

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

Thursday 14 July 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 (left the meeting at 1700hrs)
Mr R Dhaliwal	Non-Executive Director (left the meeting at 1630hrs)
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 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
Mr S Balderstone	Representing Ms Boyode, Director of People & OD
Mr K Haynes	Observer (for purposes of Board Governance Review)
Mr M Wright	Programme Director, Maternity Assurance (in attendance for items 126/22, 127/22 and 137/22)
Ms A Lawrence	Director of Midwifery, Women & Childrens Division (in attendance for items 126/22, 127/22 and 137/22)
Ms F McCarron	Consultant Midwife, Women & Childrens Division (in attendance for items 126/22, 127/22 and 137/22)
Ms B Barnes	Board Secretariat (Minutes)
APOLOGIES	
Ms R Boyode	Director of People & Organisational Development

No.	ITEM	ACTION
PROCEDURAL ITEMS		
116/22	<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>Apologies had been received from Ms Boyode, Director of People & OD, who would be represented at today's meeting by Mr Balderstone, Assistant Director, Workforce.</p>	
117/22	<p>Quorum</p> <p>The Chair declared the meeting quorate.</p>	
118/22	<p>Declarations of Conflicts of Interest</p> <p>No conflicts of interest were declared that were not already declared on the Register. The Chair reminded the Board of Directors of the need to highlight any interests which may arise during the meeting.</p>	
119/22	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 9 June 2022 were approved by the Board of Directors as an accurate record, subject to the following amendment to agenda item 094/22, requested by Ms Edwards:</p> <ul style="list-style-type: none"> • 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 Ms Edwards has legal experience as an inspector and senior manager within the Health & Safety Executive (HSE), and she has established NED experience from elsewhere within the NHS. 	
120/22	<p>Action Log</p> <p>The Board of Directors reviewed the action log, and agreed the following:</p> <ul style="list-style-type: none"> • Actions 9 and 10 to remain open, pending receipt of reports at the August Board meeting • Actions 11 and 12 to be closed, both of which related to seminar sessions which had now been scheduled • Action 13 to be closed, with the understanding that a question on colleagues being allowed time to report incidents during the working day, was to be included in the planned September survey; and that the action would be re-opened if the survey results warranted doing so <p>No further actions were listed for review.</p>	
121/22	Matters arising from the previous minutes	

Agenda item 106/22, Estates and MES Quarterly Report: In response to Ms Edwards' query on whether the Board should be aware of any area that may be being left behind on planned preventative maintenance (PPM), assurance was provided by Mrs Troalen that there was a fair spread of PPM across the organisation. In addition, areas of PPM failure were reviewed regularly.

No further matters were raised which were not already covered on the action log or agenda.

REPORTS FROM THE CHAIR AND CHIEF EXECUTIVE

122/22

Report from the Chair

The Board of Directors received a verbal report from the Chair, which covered the following points:

- Dr McMahon drew the Board's attention to the recently published Telford Child Sexual Exploitation Report, noting that the report was extensive and extremely harrowing.

The Chair clarified that there was one reference to the Trust within the report, relating to the destruction of medical notes.

Mrs Flavell advised that all recommendations from the report would be considered by the Safeguarding Assurance Committee, to identify any learning and actions which may be applicable for this organisation, and these would be reported through the Quality and Safety Assurance Committee (QSAC)

- Dr McMahon reported on her very interesting and informative recent visits to the Women & Children's Secretarial Team, Cardiology and Paediatrics, with some key points as follows:
 - There were positive comments from both staff and patients on the newly merged Cardiology service. Both PRH and RSH staff welcomed the opportunity to work more closely together, and patients advised of the high quality of care they were receiving, together with the pleasant environment. Some patients had highlighted a delay with discharge from the Cath labs due to transport issues, and this would be investigated
 - The Paediatric team spoke of the significant challenges they were facing as a result of the large number of children and young people (CYP) coming to the Trust requiring mental health support. The staff were fully appreciative of the CQC CYP mental health admission restriction, but recognised the impact of the lack of crisis management and alternative placements within the system
 - From an estates perspective, the team had also highlighted the need for the outdoor toy area to be washed more frequently, which was now being actioned

	The Board of Directors noted the report.	
123/22	<p>Report from the Chief Executive</p> <p>The Board of Directors received a verbal report from the Chief Executive, which covered the following points:</p> <ul style="list-style-type: none"> • The number of COVID-19 positive patients in the Trust currently stood at 137, an increase from 120 the previous day. Mrs Barnett, on behalf of the whole Executive Team, expressed great concern about the level of pressure the Trust was under and how that was impacting on patient safety and experience, in particular within urgent and emergency care, elective surgery and diagnostics. • She acknowledged that colleagues were working as hard as they possibly could, in very difficult circumstances, with no respite. The Executive continued to focus intensively, both internally and with system partners, on interventions to help to deliver improvements to services <p>Mrs Barnett referred to the subsequent IPR, and Getting to Good Progress Report, which set out the key areas of focus for the Trust, and the progress status of improvement delivery across the organisation.</p> <p>The Board of Directors noted the report.</p>	
STRATEGIC, QUALITY AND PERFORMANCE MATTERS		
124/22	<p>Integrated Performance Report (IPR)</p> <p>The Board of Directors received the report from the Chief Executive, referring 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"> • Processes had been strengthened following an increase in MSSA bacteraemia and Clostridium Difficile. The Trust was also receiving support from NHSEI colleagues, who would shortly be conducting an IPC masterclass with matrons and ward managers • In response to NED queries on the background to the ongoing complaints performance issues, clarification was provided that the team was working through a considerable backlog, exacerbated by resource gaps. Assurance was provided that team resources had now been increased, which should hopefully result in performance improvement over the coming months. Additionally, 	

there were delays in the receipt of timely information from the clinical teams, due to the current pressures within the Trust. Consideration was being given to how support could be provided to the Divisions, to ensure they could be more responsive to complaints

Confirmation was also requested on whether there were any themes regarding conduct within received complaints. Assurance was provided that there were no particular themes or major issues, with regard to conduct, associated with incidents and complaints. Dr Jones clarified that, clearly, if there was a serious concern about an individual at the point of first assessment, it would be escalated immediately. The complaints process would then continue separately to any individual conduct matters.

- The smoking rate at time of delivery was currently above target, at 11.5%. The Healthy Pregnancy support service was now fully resourced and operational, and this would be an ongoing key area of focus for the service

Workforce Summary

Mr Balderstone 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:

- In response to an earlier query on the accuracy of the reported staff absence figure for May, confirmation was provided that the reported figure of 0.5% was correct. It was noted, however, that the figure had now increased to 2.4% due to the impact of the latest strain of COVID-19, which was causing many colleagues to feel significantly unwell. The Trust was also experiencing a number of COVID-19 outbreaks, in line with many organisations across the country
- Clarification was requested on whether any personal financial concerns had been raised by colleagues, following the recent Government announcement relating to changes in COVID-19 sickness absence provision. Mr Balderstone confirmed that the Trust had implemented payment in line with national guidance for short term COVID-19 sickness absence, and an extension until 31 August 2022 was in place for long term COVID-19 sickness absence payment. Workforce were not aware of any specific concerns raised by colleagues in this regard. It was noted that a Trust 'Long COVID' support group had been established, which colleagues would recall had been the subject of an inspiring and reflective Staff Story at a recent Board meeting. It was further noted that the staff absence figure due to long term COVID-19 sickness was relatively small in comparison with overall sickness
- Finally, the Board was made aware of an error on the agency expenditure figure in the overall IPR dashboard. It was noted that

the £6.295m figure quoted was the cumulative and not monthly figure.

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:

- Delays in the ability to discharge patients who are Medically Fit for Transfer, due to ongoing availability challenges within the community care system, were impacting significantly on ambulance offload delays and hospital flow. Investigation was taking place with a view to establishing a capacity on both sites, for GP admissions to be seen without the need for patients to go through the Emergency Department
- An increase had recently been seen in walk-in patients to EDs. In response to a request for data in this respect, Ms Biffen took an operational action to provide comparative walk-in/ambulance data from next month's report
- The increasing pressures of COVID-19 had unfortunately impacted on the Trust's ability to restore elective activity. Work was underway with partners to determine how treatment of those patients could be facilitated, with mutual aid being received from neighbouring trusts
- Recent radiographer recruitment had been successful, and would result both in increased diagnostics and improved cancer restoration performance
- In response to a query from the Chair on the consideration of the language/tone of voice used in patient letters, Dr Jones and Ms Biffen undertook to review this matter, with a view to optimising communication with patients

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 covered the following additional points:

- The financial plan showed an adverse variance of £1.797m, as at the end of May 2022. This was partly due to the impact of COVID-19, both operationally and as a result of workforce unavailability. The situation was being very closely monitored, and an executive group had been established to ensure financial governance processes were being adhered to. More information on the current

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	<p>financial challenges would be brought to the Board in the coming weeks and months</p> <ul style="list-style-type: none"> • Mrs Troalen clarified that reference in her report to delays in capital spend should have been more appropriately described as initial optimism around the phasing, rather than programme delays <p>The Board of Directors noted the Integrated Performance Report.</p>	
125/22	<p>Getting to Good Progress Report</p> <p>The Board of Directors received the report from the Chief Executive.</p> <p>Mrs Barnett reminded colleagues that Getting to Good was the improvement programme for the Trust. The report, which continued to be work in progress, was aimed at presenting all information in an effective way, to ensure there was identification of inter-dependencies, areas of achievement and, crucially, focus on the areas which were off-track.</p> <p>Assurances provided by the executive on this month's report are summarised as follows:</p> <ul style="list-style-type: none"> • With regard to quality and safety work, particularly around clinical standards, Dr Jones reported that learning from the Getting to Good programme was starting to become embedded into processes • Good progress had been made with Learning from Deaths in recent months. The Board's attention was drawn to a slight error within the project status overview, which reported that a business case to increase the capacity of the Learning from Deaths team had been approved, whereas the business case was currently in the approval process • In response to a request from Prof Deadman for clarity on how the report should be interpreted in respect of restoration and recovery, since a red status was being reported but there were no associated actions shown, Mrs Barnett offered to provide feedback on the structure of the report outside of the meeting, to provide further assurance • Mrs Barnett additionally provided assurance that Getting to Good was originally a Quality Improvement Plan, alongside separate operational and other organisational plans. All of those individual plans had now been incorporated into Getting to Good, however the Trust was developing a Transformation Plan, building on the work which had taken place in Maternity, and this report would therefore change as a result 	

	<ul style="list-style-type: none"> • With regard to communications and engagement, Ms Milanec was pleased to advise the Board that an offer had been made following recent interviews for a substantive Head of Communications. <p>The Board of Directors noted the report.</p>	
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ASSURANCE FRAMEWORK		
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126/22	<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, Director of Midwifery, Ms McCarron, Consultant Midwife, and Mr Wright, Programme Director, Maternity Assurance.</p> <p>Mrs Flavell confirmed that the report provided the current position in relation to the actions from the final Ockenden Report (2022, and an update on outstanding actions from the first Ockenden Report (2020), as at 14 June 2022.</p> <p>Dr Jones added that there were a large number of recommendations for the Trust to put in place, and he provided assurance that all evidence was carefully interrogated and validated, to ensure that all implementations had achieved the objective of the relevant recommendation.</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 14 June 2022, the anticipated delivery and completion dates had been set for 135/158 (85%) actions, leaving 23 yet to be dated. Those actions either had external dependencies or were complex, requiring input from other services • In response to a query from the Chair on progress with the externally dependent action relating to the local maternity system (LMNS), it was confirmed that, following engagement with ICB colleagues, a Memorandum of Understanding (MoU) was now in place between all parties, and the formal establishment of the newly configured LMNS was underway • There was discussion on action plan dates, and in particular queries from NEDs on the representation of progress status for some actions within the plan. Assurance was provided that the Trust had purposely adopted a very strict stance on action completion from the start, with the status only showing as green once an action was fully embedded and evidenced. 	
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	<p>Many of the actions were extremely complex, with a number of embedded sub-components, and Mr Wright advised of the challenge of how to represent that complexity in a succinct but informative way. He acknowledged that there was scope to include further detail on required sub-actions in the comments section of the plan, to more effectively illustrate the reasons for any long deadline dates, and this information would be included where appropriate going forward. Additionally, the Chair invited any NEDs who may wish to explore any of the actions in further detail, to contact Mr Wright, who would arrange for them to receive access to Monday.com, the work management software package</p> <ul style="list-style-type: none"> • Mrs Flavell clarified that neither of the Ockenden Reports had set any deadlines or minimal data evidence levels, and the Trust was being very thorough in its approach, with the aim of achieving the right balance of pace and tangible evidenced outcomes • Mrs Barnett reported on a recently held Executive confirm and challenge session with the W&C Division. This, together with ongoing Board challenge and continued executive oversight, had provided assurance and confidence on the thoroughness of the plan and the prioritisation approach being taken, including the significant amount of other work also being taken into account, (for example CNST, and Saving Babies Lives) • Noting that risk assessment was determining the prioritisation of actions, based on the potential impact on women and families using the services of the Trust, Mrs Barnett provided assurance that if there were any opportunities identified to accelerate additional actions, over and above the recommendations within the Ockenden Report, the Division would do so, whilst being mindful of the required balance of pace and quality. The Chair requested that Mrs Lawrence provide a basic summary to a future Board meeting of any such actions underway or delivered. <p>The Board of Directors took assurance from the information provided in the report.</p>	DoN
127/22	<p>Ockenden Report Assurance Committee (ORAC) Monthly Report</p> <p>The Board of Directors received the report from Dr McMahon as Co-Chair of the Committee, which was taken as read.</p> <p>It was noted that much of the report content had now been superseded by the previous Ockenden Report Action Plan agenda item.</p> <p>Dr McMahon reported that useful conversation had taken place at the meeting on the potential to make some of the evidence presented in reports and spreadsheets, more meaningful, possibly through the inclusion at future ORAC meetings of stories from women and families. Conversation on this would continue, mindful of the need to observe any governance and confidentiality considerations.</p>	

	<p>Finally, Dr McMahon extended an open invitation to any member of the Board to observe a future ORAC meeting.</p> <p>The Board of Directors took assurance from the report.</p>	
128/22	<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"> • Dr Jones noted this report as an important opportunity to raise ambulance delays, and apologise to the communities served by the Trust, for the long waiting times in the Emergency Department. He drew the Board's attention to the clear theme within the report, which linked these issues to increased harm for patients. Clarification was provided that the 'admission of patients' category covered a wide range of concerns relating to patient admission including, in addition to ambulance offload delays, delay with allocation of beds out of the Emergency Department. Dr Jones advised that discussion took place daily with system partners on any supporting actions that could be taken to improve the situation for patients, He emphasised that colleagues fully recognised, and did not find the situation acceptable, and they continued to work hard to prevent such incidents • Mrs Flavell reported that there continued to be a strong focus on falls prevention, and this formed part of the Trust's quality priorities for the next 12 months • Discussion took place on the large number of absconded adult patients, noting that this descriptor included people who left ED before being seen. The Chair invited Mrs Flavell, Dr Jones and Ms Biffen to consider the feasibility of monitoring the latter group, to ensure they received appropriate follow up in the community if required. If considered operationally feasible, the Chair asked that this was reported back to the next Board meeting • Finally, Dr McMahon highlighted to colleagues the summary of three serious incidents (SIs) contained within the report. <p>The Board of Directors noted and took assurance from the report.</p>	<p>ACOO / AMD / DON</p>
129/22	<p>Audit & Risk Assurance Committee (ARAC) Monthly Reports</p> <p>The Board of Directors received the reports of the meetings of May and June 2022 from the Committee Chair, Prof Purt.</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"> • Ms Edwards clarified that she had not attended the meeting on 4 May, as stated in the report • Prof Purt expressed his thanks to Mr Steyn for his attendance at ARAC meetings, advising that the committee was appreciative of his feedback on progress with Criteria Led Discharge and Waiting List Initiatives • The attention of the Board was drawn to the ‘Alert’ section of the June report, referring to the limited assurance outcome from the internal auditors’ review of the governance of nurse staffing levels. It was noted that progress against four high level, and three medium level, recommendations, would be monitored through the internal audit tracker and presented to each future ARAC meeting • Finally, with regard to the annual report and accounts 2021/22, Prof Purt highlighted the positive external audit findings, as detailed in the report. The Board added its thanks to those of the Committee, to Mrs Troalen and her teams, for this very positive outcome. <p>The Board of Directors noted the reports.</p>	
130/22	<p>Quality & Safety Assurance Committee (QSAC) Monthly Report</p> <p>The Board of Directors received the report from 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 points were noted:</p> <ul style="list-style-type: none"> • The Board was alerted to the declining paediatric triage performance, which was well below the target of 85% being triaged within 15 minutes. The Committee proposed that the Board seek urgent assurances from the executive that actions were being taken to address this unacceptable situation. <p>The executive advised that, whilst not excusing this poor performance, this again referred to the physical capacity within ED. Ms Biffen confirmed that actions were underway to address this issue, and the Chair requested that a paper was brought to the August Board meeting to provide understanding and assurance on the mitigating actions being introduced</p> <ul style="list-style-type: none"> • Discussion took place on the significant challenges being experienced due to increasing numbers of children and young people coming to the Trust, requiring mental health support. Mrs Flavell advised that the Trust continued to work very closely with mental health colleagues, in an ongoing effort to provide 	ACOO

	<p>alternative placements for these children and young people. It was noted that the lack of both crisis management and alternative placement provision within the system was outside of the Trust's direct control, but colleagues were doing all that they could to work with the system, in the interests of providing a suitable and timely solution when children and young people presented at the Trust</p> <ul style="list-style-type: none"> The Committee had taken assurance from the mock CQC inspections instigated by Mrs Flavell across CYP services, and had been particularly struck by the number of references in the subsequent report to issues which were associated with the environment and facilities available. <p>The Board of Directors took assurance from the ongoing monitoring activity by the Committee.</p>	
131/22	<p>Finance & Performance Assurance Committee (FPAC) Monthly Report</p> <p>The Board of Directors received the report from the Committee Chair, Prof Deadman.</p> <p>The Board was referred to the detail in the report, which was taken as read, and Prof Deadman drew attention to the following points:</p> <ul style="list-style-type: none"> As referenced elsewhere in the minutes, the challenge and ongoing risk was highlighted, of balancing urgent care demand with the need to deliver waiting times in accordance with the national elective recovery strategy As referenced by Mrs Troalen under agenda item 124/22, the Committee was concerned to note the adverse variance to the financial plan at month 2, noting that the financial challenges being faced by the Trust would be a key focus of the Committee at forthcoming meetings Prior to Mrs Flavell's subsequent staffing report, Prof Deadman wished to remind the Board of the planning assumption relating to workforce availability, of 24%. <p>The Board of Directors took assurance from the ongoing monitoring activity by the Committee.</p>	
132/22	<p>Board Listening and Learning by Genba methods</p> <p>The Board of Directors received the report from Mr Balderstone on behalf of the Director of People & OD, which detailed the reflections of the visiting teams following Board Genba Walks which had taken place on 8 June 2022 to Radiotherapy at RSH, Medical Records at Atcham Business Park, and Medical Staffing at PRH.</p>	

	<p>The report was taken as read, and assurance was provided that all actions identified from Genba Walks would continue to be tracked and, where possible, improvement demonstrated with case studies.</p>	
REGULATORY AND STATUTORY REPORTING		
133/22	<p>Quality Account 2021/22</p> <p>The Board of Directors received the report from the Director of Nursing.</p> <p>Mrs Flavell clarified that the Quality Account outlined the progress the Trust had made over the previous 12 months, as well as areas where improvement was required, to ensure the delivery of high quality care and patient experience across all services.</p> <p>It was noted that the Quality Account provided an update on progress against the eight quality priorities included in the Quality Strategy 2021-24, agreed by the Executive in March 2021; and the Trust performance against the mandated Quality Account core quality indicators.</p> <p>A draft of the Quality Account had been taken through the Board seminar process in June 2022, subsequently presented at QSAC for robust scrutiny and conversation, and taken to a short meeting of the Board of Directors in Private on 15 June 2022.</p> <p>The full Quality Account report for 2021/22 was included in the Supplementary Information Pack of papers for today's meeting, and had been published on the Trust website on 30 June 2022. It was noted that this included letters which had now been received from external stakeholders, which had not been available in the version taken through the above described governance process.</p> <p>The Board of Directors noted the report, and ratified the 2021/22 Quality Account.</p>	
134/22	<p>PALS, Complaints and Patient Experience Annual Report 2021/22</p> <p>The Board of Directors received the report from the Director of Nursing.</p> <p>The full report was included in the Supplementary Information Pack of papers for today's meeting, and provided a summary of activity undertaken during 2021/22 on Complaints, Compliments, Patient Advice and Liaison Service (PALS), and Patient Experience.</p> <p>Mrs Flavell confirmed that the report had been presented at QSAC for assurance prior to being brought to Board.</p> <p>It was noted that, whilst the results were good from the Friends and Family Tests, the number of responses was poor. Mrs Flavell</p>	

	<p>provided assurance of the strategy to improve response rates, with the proposed use of QR codes on notices and discharge summaries, as well as personal interactions.</p> <p>The Board of Directors noted the report.</p>	
135/22	<p>How we learn from deaths Report</p> <p>The Board of Directors received the report from the Acting and Co-Medical Directors.</p> <p>The report was taken as read, and the following key points were covered:</p> <ul style="list-style-type: none"> • The new Learning from Deaths process, which had been operational since the withdrawal from use of the previous paper-based mortality review form on 31 January 2022, consisted of three stages: <ul style="list-style-type: none"> ○ Scrutiny by the Medical Examiner ○ Mortality screening ○ Mortality review using the online Structured Judgement Review Plus (SJR) tool, available from NHSEI • Coordination of the operational Learning from Deaths process had been centralised in late 2021, through the Trust Mortality Triangulation Group, to facilitate improved oversight and triangulation of cases for review, and ensure that the appropriate pathway to manage individual cases was agreed • Dr Jones provided assurance that benefits were now being seen from the new process. The development of ongoing work around consistency and triangulation would result, in the not too distant future, in reports coming to Board in a format that included the identification and collation of themes, providing assurance through the actions taken • Mrs Barnett welcomed the progress made, and requested clarity on how learning from the reviews would dovetail with improvement work. Dr Jones clarified that the new process would provide the ability to describe the actions from learning, what had been implemented in response, and details of continuing actions and ongoing review. He further advised that the Trust did not have the same level of learning from claims, however it was the intention for this to be developed, as the next step in learning integration. Mr Steyn added that a system was now in place for follow through of Datix reports where there were individual action plans <p>The Board of Directors noted and took assurance from the report.</p>	
136/22	<p>Staffing Bi-annual Report</p>	

The Board of Directors received the report from the Director of Nursing.

The Board was referred to the detail contained with the report, which was taken as read, and the following key points were covered:

- The Trust utilised a validated tool to measure staffing twice a year (Safer Nursing Care Tool) alongside professional judgement and triangulation of quality data. This report represented a summary of the data collected in January 2022, however Mrs Flavell highlighted to the Board that this should be taken with caution due to the instability caused by the impact of COVID-19
- The main risks to safe staffing identified within this review related to the lack of RNs and the numbers of temporary staff being utilised to increase fill rates in areas. It was noted that following the recent inpatient ward template review, all wards would have a ratio of 1:6 during daytime and 1:9 at night, providing assurance that quality and safety can be maintained
- Ward Managers and Matrons had been fully engaged in the ward template review process, and encouragement was being provided for them to take speak out on any areas in which they may require individual development and support, as many had been undertaking other roles and responsibilities for the period of the pandemic
- Mrs Flavell had been working closely with Finance on the provision of investment into the nursing workforce, and region had been approached for their expertise
- In response to a query on the provision of career pathways, with a view to increasing the RN establishment, Mrs Flavell drew the attention of the Board to the detail contained in the report on the actions underway in this regard
- Scoping was currently taking place in consideration of the appointment of an Allied Health Professional Chief Lead to support with safer staffing and leadership for non-nursing, non-medical roles. In addition, the Trust had recruited an AHP workforce lead following receipt of successful bid monies from HEE, who came into post in February 2022 on a 6 month secondment. Data collected would be included in the next bi-annual report
- In response to an observation from Prof Deadman on the accuracy of the 24% planning assumption on unavailability, which he felt should more accurately be assumed as in the high 20 percent range, Mrs Troalen clarified that this assumption was standard across the NHS and should provide the correct amount of headroom. It was observed as plausible that low periods of

	<p>COVID-19 infections may result in low availability due to training, learning events and colleagues taking annual leave.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
137/22	<p>Maternity Staffing Reports</p> <p>The Board of Directors received the reports from the Director of Nursing, who was joined for these items by Mrs Lawrence and Ms McCarron.</p> <p>a. Maternity Safe Staffing Report Q4 of 2021/22</p> <p>The report was taken as read, and the following key points were noted:</p> <ul style="list-style-type: none"> • This was the first quarterly report of the new Director of Midwifery, which reviewed safe staffing levels for Maternity Services. The aim of the report was to provide assurance to the Board of an effective system of midwifery workforce planning and monitoring of safe staffing levels. It was noted that this was a requirement of the NHSLA Maternity Incentive Scheme for safety action 5 • The activity within maternity services was dynamic and could change rapidly, and adequate staffing was therefore essential in all areas to provide safe, high-quality care, by staff who had the requisite skills and knowledge. Regular and ongoing monitoring of activity and staffing was vital to identify trends and causes for concern, which it was noted must be supported by a robust policy for escalation in times of high demand or low staffing numbers • Mrs Lawrence felt it important to highlight that there were some gaps in the midwifery establishment, as detailed in Section 3 of the report. There was currently a significant amount of unavailability, and she drew attention to the acuity rate position. Mitigation was detailed in Section 4 of the report and information on the establishment required for the Midwifery Continuity of Carer (MCoC) plan was provided in Section 5 • For the purposes of this report, the establishment had been presented exclusive of MCoC, in view of the current pause in rollout following the final Ockenden Report. It was noted, however, that the requirement for rollout was still present and would need to be factored into the funded establishment and workforce recruitment campaign. The attention of the Board was drawn to the table within Section 5, which presented the establishment required to move towards a trajectory of 51% MCoC. Assurance was provided that there had been six expressions of interest for the required 4.4wte MCoC midwives into the inpatient workforce. 	

	<p>Mrs Lawrence referred to Ms McCarron, Consultant Midwife, for the following associated paper.</p> <p>b. Maternity Plan for the achievement of MCoC Plan The report was taken as read, and the following key points were noted:</p> <ul style="list-style-type: none"> • The report set out a plan for the Trust to achieve 53.6% Continuity of Carer based on 4280 births per annum (excluding out of area women) by the end of the financial year 2024/25. This included the significant resource implications, recruitment, estate, training and consultation requirements • £13,000,000 additional funding had been made available nationally, to be allocated between the LMNS's, but it was recognised that the allocation would not meet the full cost of local plans. NHSEI set an original deadline of 31 January 2022 for receipt of approved plans but this was cancelled to offer local services more flexibility. The local LMNS considered the plan in May 2022 prior to submission to the regional team in June 2022, and this report was in line with a request for it to also be presented at Board • The Chair observed that the table included in Section 6 of the report demonstrated a challenging ambition. Assurance was provided that achievement progress would be monitored and tracked and, importantly, that the plan would only be rolled out based on the achievement of safe staffing levels • In response to a query from Mrs Barnett within the context of broader recommendations from the Ockenden Report, Mrs Lawrence confirmed that this plan goes hand in hand with the requirements for demonstration of safe staffing in Mrs Ockenden's report; and she had confidence in support from regional and national teams, and LMNS colleagues. <p>The Board of Directors noted the information contained within both reports, and took assurance from the proposals and mitigating actions detailed.</p>	
BOARD GOVERNANCE		
138/22	<p>Register of Directors' Interests – bi-annual review</p> <p>The Board of Directors received the report from the Director of Governance and Communications.</p> <p>Ms Milanec drew attention of the Board to the current Declarations of Interest held for all Non-Executive and Executive Directors, included as Appendix 1.</p>	

	<p>The Board of Directors reviewed the summary, and had no amendments or additions to declare at this time.</p> <p>Board members were reminded of the requirement to inform the Director of Governance and Communications of any additions or amendments as soon as they arose throughout the year.</p>	
PROCEDURAL ITEMS		
139/22	<p>Any Other Business</p> <p>There were no further items of business.</p>	
140/22	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Board of Directors was scheduled for Thursday 11 August 2022, commencing at 13.00hrs. The meeting would be live streamed to the public.</p>	
STAKEHOLDER ENGAGEMENT		
141/22	<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.		