

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

Thursday 11 August 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 (joined the meeting at 1500hrs)
Dr J Jones	Acting Medical Director
Dr D Lee	Non-Executive Director
Prof T Purt	Non-Executive Director
Ms K Blackwell	Representing (with voting rights) the Director of Nursing
Ms C Young	Representing (with voting rights) the Director of Finance
IN ATTENDANCE	
Mr N Lee	Interim Director of Strategy & Partnerships
Ms A Milanec	Director of Governance & Communications
Mr R Steyn	Co-Medical Director
Mr S Balderstone	Representing Ms Boyode, Director of People & OD
Ms R Gallimore	Director of Digital Transformation
Mr M Wright	Programme Director, Maternity Assurance <i>(in attendance for item 153 /22)</i>
Ms H Turner	Lead Freedom to Speak Up Guardian <i>(in attendance for item 156/22)</i>
Ms A Lawrence	Director of Midwifery, Women & Childrens Division <i>(in attendance for item 153/22)</i>
Ms C McInnes	Director of Operations, Women & Childrens Division <i>(in attendance for item 153/22)</i>
Ms D Thompson	Assistant Director of People, Leadership & OD <i>(in attendance for item 155/22)</i>
Mr J Owen	Deputy Director of Education & Improvement <i>(in attendance for item 162/22)</i>
Ms B Barnes	Board Secretariat (Minutes)
APOLOGIES	
Mrs T Boughey	Non-Executive Director
Mrs H Flavell	Director of Nursing
Mrs H Troalen	Director of Finance
Ms R Boyode	Director of People & Organisational Development
Ms R Edwards	Associate Non-Executive Director
Prof J Green	Associate Non-Executive Director

No.	ITEM	ACTION
PROCEDURAL ITEMS		
142/22	<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 were noted.</p>	
143/22	<p>Patient Story</p> <p>The Director of Nursing introduced a video in which a patient described his experiences following his emergency admission to the Trust, and subsequent transfers to the Respiratory Ward and ITU.</p> <p>The storyteller shared how throughout his time in hospital he felt recognised as an individual rather than being seen as just a number, and he and his wife both felt that the teams were standing alongside the couple, fighting their difficulties with them.</p> <p>The patient also shared his sense of relief and calmness at the Chaplaincy facilitating his baptism at his short notice request, at a time he felt could have been the end of his life. ITU, Palliative Care and the Chaplaincy Team also facilitated the patient's request to be married to his partner, and he expressed his great appreciation for staff going over and above what was expected of them to support him in achieving his ambition, with the marriage ceremony taking place at his hospital bedside.</p> <p>The Board of Directors noted the very moving patient story and took assurance from the work being undertaken to listen to, and be responsive to, feedback from people accessing services within the Trust to improvement patient experience.</p>	
144/22	<p>Quorum</p> <p>The Chair declared the meeting quorate.</p>	
145/22	<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>	
146/22	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 14 July 2022 were approved by the Board of Directors as an accurate record, subject to the inclusion of an additional word in the final bullet of agenda item 125/22, requested by Mrs Barnett, as follows:</p> <ul style="list-style-type: none"> • "...All of those individual plans had now been incorporated into 	

	Getting to Good, however the Trust was developing an Emergency Transformation Plan, building on the work which had taken place in Maternity.....”	
147/22	<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, 10, 15 and 16 to be closed, as relevant papers were either on the agenda for this meeting, or to be reported via the Quality and Safety Assurance Committee (QSAC) • Action 17 to be closed following a verbal briefing to the Board by the Acting Chief Operating Officer on the mitigating actions being introduced to address declining paediatric triage performance. It was noted that this would be monitored at monthly QSAC meetings • Action 14 was noted as not yet due <p>No further actions were listed for review.</p>	
148/22	<p>Matters arising from the previous minutes</p> <p>No matters were raised which were not already covered on the action log or agenda.</p>	
REPORTS FROM THE CHAIR AND CHIEF EXECUTIVE		
149/22	<p>Report from the Chair</p> <p>The Board of Directors received a verbal report from the Chair, in which she reported on her interesting and informative recent visits to the Estates Department, Ward 17, the Portering Team and the Integrated Discharge Hub.</p> <p>Referring to her visit to the Estates Department, Dr McMahon was briefed on the significant considerations underway to respond to the NHS’ net zero objective, noting that this would include the extensive replacement of items of equipment. Estates colleagues were, however, fully engaged with the objective, and highly enthusiastic about this challenging deliverable.</p> <p>The Board of Directors noted the report.</p>	
150/22	<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 106, representing a marked decrease on previous numbers • Overall RTT elective waiting lists increased in June 2022, due to 	

	<p>persistent urgent care pressures and resultant reduced bed base at both sites. The Trust was on trajectory to deliver the target for 104 week waits at the end of July 2022, although the loss of Ward 36 for planned orthopaedic surgery meant that achievement of this target was now at risk. Mutual aid opportunities were being explored, and weekly meetings had been established to monitor performance against trajectories and take corrective action</p> <ul style="list-style-type: none"> • Cancer performance remained a significant challenge, with Radiology workforce numbers being a significant constraint in delivering more rapid improvement. Prioritisation was given to cancer pathways and urgent care, but the Trust was seeing increasing demand in cancer referrals. A recovery trajectory had been established and was monitored weekly at hospital and system level • The Trust remained very determined to improve ongoing performance on ambulance handover delays, which were resulting from flow challenges through the hospitals and wider system pressures. An unprecedented amount of work was taking place, both internally and with system colleagues, on interventions to help to deliver improvements to services, and developments would continue to be shared with the Board of Directors. <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>	
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STRATEGIC, QUALITY AND PERFORMANCE MATTERS

151/22	<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 Acting Medical Director and Ms Blackwell, representing the Director of Nursing, 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"> • Below target VTE screening performance: An improvement project had commenced, and sessions had taken place with all new Junior Doctors emphasising the importance of assessment • It was highlighted that the narrative accompanying the Falls chart incorrectly stated that there were four falls with harm reported in May 2022, when this figure was in fact zero <p>Workforce Summary</p>	
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Mr Balderstone, representing 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:

- The significant pressure being experienced on services across the system, compounded by sickness levels, was resulting in increased agency usage. Several workstreams had been set up to tackle this issue, which would be monitored over coming months to track progress and ensure actions were making a difference to agency spend
- Good progress had been made in statutory and mandatory training compliance, which had increased to 81% in June, and further increased in July to 83%. It was noted that the improvement was mainly being driven by the recently introduced Learning Made Simple (LMS) system
- The staff turnover rate continued to increase and, in response to a request for assurance to the Board on recruitment plans to mitigate workforce gaps, Mr Balderstone reported on the following:
 - The international nurse recruitment programme continued, with 71 new recruits currently due to join the Trust by the end of December 2022;
 - A number of nursing recruitment events were planned over the coming weeks and months; and
 - A range of recruitment activity was underway locally, including an imminent event focusing on all roles within the Emergency Department
- There was additionally a heavy focus on retention and flexible working, with the introduction of a range of workforce support practices, including team-based rostering

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:

- The number of patients remaining in our hospitals who were medically fit for discharge continued to be a challenge, and the Trust was working with system partners to develop an urgent and emergency care improvement programme, which would incorporate pre-hospital, in-hospital and discharge elements. Additionally, a Trust Flow Improvement Group had been established to support and monitor internal improvement actions in relation to hospital admissions, hospital flow and discharge
- Work had commenced to build an acute floor, and extensive work was taking place with clinicians on the creation of pathways. It was noted that, although not entirely eliminating ambulance handover delays, the positive impact was anticipated to be significant. The work was due to be completed in 14-16 weeks

	<ul style="list-style-type: none"> • Emergency Department building work had now been completed, with only snagging work remaining. Feedback from staff on the new environment had been very positive • Diagnostic recruitment activity was proving successful, with eight staff now recruited, and a further 28 applicants shortlisted. It was the intention to over-recruit, noting that there were some forthcoming retirements in this area <p>Finance Summary</p> <p>Ms Young, representing 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>The following additional points were covered:</p> <ul style="list-style-type: none"> • The Trust had an adverse variance to plan at the end of June of £3.131m, driven primarily by COVID-19 costs and workforce unavailability • In response to a request from the Board for assurance on efficiency monitoring, Ms Young confirmed that monitoring was taking place through the Finance and Performance Assurance Committee (FPAC) and the Trust’s Sustainability Efficiency Committee • It was noted that the £9.705m agency expenditure quoted within the IPR required amendment as this was the cumulative figure rather than monthly as currently shown <p>The Board of Directors noted the Integrated Performance Report.</p>	
152/22	<p>Getting to Good Progress Report</p> <p>The Board of Directors received the report from the Chief Executive.</p> <p>Mrs Barnett highlighted that the report had recently been streamlined, however continued to be work in progress, with the aim of greater focus on formal actions and evidence of assurance on completions.</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 communications and engagement, Mrs Barnett was pleased to confirm that a substantive Head of Communications was due to start at the Trust shortly. In the meantime, interim arrangements and additional capacity were in place within the Communications Team • Despite recent successful theatre staffing recruitment, the key issue remained of how elective capacity could be created, particularly at PRH. Extensive work was underway on how this could be addressed and information would be provided to the Board at future meetings • In response to a request from the Chair, the Chief Executive confirmed that, whilst focus to date had been on internal tools and 	

	<p>resources, it would be possible for an overview of the Getting to Good plan to be prepared for publication on the website. Mrs Barnett would consider how that could be most effectively presented, and also reflected in the report</p> <p>The Board of Directors noted the report.</p>	
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ASSURANCE FRAMEWORK		
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153/22	<p>Ockenden Report Action Plan</p> <p>The Board of Directors received the report from the Director of Midwifery in the absence of the Director of Nursing, who was joined for this item by Ms McInnes, Divisional Director of Operations, and Mr Wright, Programme Director, Maternity Assurance.</p> <p>The Board of Directors was referred to the detail contained within the report, and the following key points were covered:</p> <ul style="list-style-type: none"> • As at 12 July 2022, 88% of actions from the first Ockenden Report had been ‘delivered’, with 81% of those ‘evidenced and assured’. From the final report, 22% of actions had now been ‘delivered’, of which 18% were ‘evidenced and assured’ • A confirm and challenge session between staff from maternity services and executive directors had taken place in July, to provide an opportunity for the executive to evaluate the process that the maternity team had undertaken to prioritise and set initial delivery dates for each of the required actions. Work had subsequently been undertaken by the maternity team as a result of the executive challenge, as it appeared more actions had been started or were already in place, at least in part, than were being reported currently. This work had resulted in positive changes to some delivery status ratings, which were now included in the figures represented in the report. Consequently, 55 further actions have been confirmed as started, and were ‘on track’, and some delivery dates had also been brought forward • The Director of Midwifery had also identified some areas in the final Ockenden Report where there was comment/criticism of some things not being in place, or not working as they should be, however they did not appear to have been captured within the 158 actions. These totalled an additional 40 actions, which had now be incorporated into the action plan, and would be addressed via the Maternity Transformation Programme, with progress reporting following the same rigorous assurance routes as all other actions. In response to a query from Dr Lee, assurance was provided that these findings and actions would be shared with regional and national colleagues • The Trust had received positive feedback, alongside some required areas for improvement, following a recent NHSEI Regional Insights Overview Visit to maternity services. In addition, the Care Quality Commssion (CQC) had provided feedback from their recent Ockenden assurance visit, describing the Trust (and two other trusts) as ‘shining examples’. Whilst the Trust was 	
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	<p>receiving positive external and stakeholder feedback on its progress to date, it was also recognised that there was still much more to do</p> <ul style="list-style-type: none"> • In response to a query from the Chief Executive, the Director of Midwifery confirmed that there were good levels of engagement across maternity services, and the Divisional management team was continually reaching out to colleagues for feedback, which was taken to discussion groups. There had also been a noticeable increase over the last year in staff wishing to engage as safety champions. Assurance was provided that levels of resource and engagement would be kept under continuous review <p>The Board of Directors took assurance from the information provided in the report.</p>	
154/22	<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>Dr McMahon advised the Board that changes had now been implemented to the structure of meetings. The first part of each meeting focused on data relating to the delivery of actions from the first and final Ockenden Reports; and the second part featured patient/family stories, with the aim of providing a more meaningful understanding of the impact that service changes arising from the Ockenden Report actions were having, for the benefit of service users.</p> <p>The next ORAC meeting was scheduled for 23 August 2022, which would be live streamed in line with usual arrangements. The Chair reminded those Board members who were not standing members of the Committee, of the open invitation for them to join any future meetings.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
155/22	<p>Annual NHS Staff Survey Results 2021</p> <p>The Board of Directors received the report from Ms Thompson, Assistant Director of People, Leadership and OD, in the absence of Ms Boyode.</p> <p>The report was taken as read, and the following key points were noted:</p> <ul style="list-style-type: none"> • Noting the direct correlation between staff experience and patient outcomes, ensuring the best possible experience for colleagues was arguably the most important thing that the Trust could do • A 45% response rate was achieved, which met the Trust's response target, and was the highest rate of response since 2013 	

	<ul style="list-style-type: none"> • Areas of focus continued to include civility, respect and inclusion, bullying and harassment, flexible working, career development, health and wellbeing, and recognition • The Trust scored below average for all elements of the NHS People Promise, and compared with other Acute Trusts, staff morale had shown a gradual decline • The actions developed from the results would feed into the Trust's Culture Dashboard, which would be driven forward by a Steering Group, to support: <ul style="list-style-type: none"> ○ The attraction and recruitment of staff; ○ The development and retention of staff; ○ Support and reward for colleagues and teams; ○ enabling the Trust to meet future service needs and achieve its vision • Results from the Trust's People Pulse survey in July 2022 had recently been received, with a much greater response rate of 1300 compared to 180 from the previous year. Feedback would be reviewed during August and September and taken through appropriate committees/steering groups. The Chair clarified that the Chief Executive and Director of People & OD would determine future reporting requirements to the Board of Directors • Noting that the People Pulse survey was a national initiative, Ms Thompson was made aware that during a recent ward visit by Board members, it had been observed that a local survey was being run, with a QR code on display for participation. Ms Thompson took an operational action to investigate this with the appropriate Workforce Business Partner, to determine if there was scope to utilise this approach in other areas • In response to a request for assurance on progress with the adoption of flexible working arrangements across the organisation, Ms Thompson advised that this continued to be worked through with divisional partners, Progress would be reported by the Director of People & OD in future reporting • The Chief Executive provided assurance that ongoing targeted engagement was taking place with specific groups of staff, where particular issues had been identified, whether through staff surveys, Freedom to Speak Up (FTSU), or other confidential colleague support routes. A number of groups were now being brought back together, following earlier conversations and interventions, to review progress • Mrs Barnett acknowledged that massive improvements were required to improve engagement and culture across the organisation, but she was encouraged by colleagues not holding back to express their views • Engagement with staff on the 2022/23 staff survey would be starting on 3 October 2022, with a further 8 week communication campaign following the survey launch date <p>The Board of Directors noted the report.</p>	
156/22	Freedom to Speak Up (FTSU) Guardian's Reports	

The Board of Directors received the 2021/22 Annual Report and 2022/23 Quarter 1 report from Ms Turner, FTSU Lead Guardian, introduced by the Director of Governance and Communications.

The Board was referred to the detail contained within the reports, and the following key points were covered:

- 71 concerns were raised in Q1, representing a 7% increase on the previous quarter and a 29% decrease on Q4 2021/22
- The trends of attitudes and behaviours, and bullying and harassment, continued to be most prevalent
- With regard to the significant reduction in the number of FTSU concerns raised by midwives, the Board was advised that these colleagues had previously seen FTSU as their only avenue for raising concerns, however following appointment of the Director of Midwifery, she had introduced drop in and feedback sessions, which had been well received. It was noted that actions which had been taken in response to midwives speaking up at these sessions were primarily focused on demonstrating civility, respect and kindness. Ms Turner provided assurance, however, that she and her team would continue their engagement with maternity services colleagues
- The Board was pleased to note that the methodology used to achieve improvements under the Maternity Transformation Programme was now being implemented in ED, and it was ultimately the aim to extend this wider across the organisation
- Following an increase in the number of concerns raised by administrative staff (which included corporate staff) in Q1, Ms Turner confirmed that the same themes were being seen in this group as in others across the organisation. It was noted that these staff did not fall under any one member of the executive, due to the diversity of functions, however a great deal of engagement from the FTSU Guardians had taken place across this group. Ms Turner highlighted that a pattern of this category was the amount of signposting and coaching employed by the FTSU Guardians to resolve concerns, rather than FTSU escalation
- A link was observed by the Non-Executive Directors between flexible working concerns raised through the FTSU route, and adverse feedback on flexible working opportunities received in the staff survey, which was highlighted for consideration by the executive
- It was recognised that 'speak up' had now expanded into 'listen up' and 'follow up', and confirmation was provided that this would be incorporated into FTSU reporting over time. Ms Turner advised the Board that a Managers Handbook had also recently been developed in this regard, which would be put out to consultation in the first instance.

The Board of Directors noted and took assurance from the report, and expressed its thanks to Ms Turner for her commitment and contribution to FTSU, together with Ms Milanec for the ongoing executive support she was providing.

157/22	<p>Quarterly Report from the Director of Infection Prevention & Control (DIPC)</p> <p>The Board of Directors received the report for Quarter 1 of 2022/23 from Ms Blackwell, on behalf of the Director of Nursing.</p> <p>The report was taken as read, and the following key points were noted:</p> <ul style="list-style-type: none"> • There had been an increase in C.Diff and MSSA cases in Q1 compared to Q4. There had also been an outbreak of ESBL Klebsiella on the Neonatal Unit and some associated poor practices in relation to IPC, with actions taken to address these • There was a decrease in the number of COVID-19 cases being seen in the Trust initially in the first two months of Q1 but the number rose significantly in June. There had been increasing issues identified on Quality Ward Walks undertaken as part of these outbreaks, in relation to compliance with IPC procedures and practices, which the DIPC had addressed with the Divisional teams • The Trust had updated its practices based on the most recently published national COVID-19 guidance and, in collaboration with advice from the Microbiology Team, was going beyond the national guidance to ensure the safety of patients and staff was maintained • In response to a query from the Chair with regard to learning opportunities from other organisations, Ms Blackwell advised that the Trust was part of the DIPC network, and information from the network had shown that the Trust had in fact adopted a more cautious approach to IPC than the majority of the network. <p>The Board of Directors noted and took assurance from the report.</p>	
158/22	<p>Incident Overview Report</p> <p>The Board of Directors received the report from the Acting Medical Director in the absence of the Director of Nursing, to provide assurance to the Board of the efficacy of the incident management and Duty of Candour compliance processes.</p> <p>The 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 remained a significant area of concern, noting that this 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. As covered in the IPR Operational Summary, extensive work was underway to address different streams of work within the ED • Noting that there were standard processes already in place in relation to both missing patients and patients who leave the Trust 	

	<p>without being seen in the ED, further investigation was taking place to determine how patients who leave without being seen could be identified, to ensure they received appropriate follow up in the community if required</p> <ul style="list-style-type: none"> • In response to a request for assurance on overdue Datix, and in particular whether this related to overdue reports rather than incidents, confirmation was provided that all Datix were reviewed daily by the Quality Governance/Safety teams, who filtered out those datix that required immediate actions. 'Moderate harm or above' incidents were reviewed at the weekly Review of Incidents, chaired by the Assistant Director of Nursing. In addition, all Divisions held a weekly incident review meeting to prioritise and escalate incidents. It was further noted that all themes for learning feed into mandatory training <p>The Board of Directors noted and took assurance from the report.</p>	
159/22	<p>Quarterly Public Participation Report</p> <p>The Board of Directors received the report from Mr Steyn, Co-Medical Director.</p> <p>The Board was referred to the detail in the full report, contained within the Supplementary Information Pack.</p> <p>Prof Deadman congratulated the executive team and all those involved in the Trust's ongoing engagement activities. The Board was pleased to acknowledge that the Trust was one of only a handful of organisations across the country who had received national funding to support its activities in this regard, in addition to having the largest volunteer workforce outside of London.</p> <p>The Chair fully endorsed all of the above comments, recognising that public engagement was an area of critical importance. Dr McMahon acknowledged that one of the criticisms made of the Trust in the past was the perception that the only way people could engage with the organisation was through Board meetings held in public and the associated submission of questions. There were now a greatly increased number of opportunities, and public engagement fora, and the importance was recognised of taking these activities, aligned with the organisation's ongoing strategy, to the communities served by the Trust.</p> <p>On behalf of the Board of Directors, the Chair expressed her thanks to Mrs Clarke and her Public Participation Team for all they were doing. The Board also expressed thanks to all the volunteers who supported the Trust, noting in particular the commitment of the young volunteers.</p> <p>The Board of Directors was pleased to note the inspiring contents of the report.</p>	
160/22	<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 took assurance from the ongoing monitoring activity by the Committee.</p>	
161/22	<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 took assurance from the ongoing monitoring activity by the Committee.</p>	
162/22	<p>Board Listening and Learning by Genba methods</p> <p>The Board of Directors received the report from Mr Owen, Deputy Director of Education and Improvement, in the absence of the Director of People & OD.</p> <p>The report detailed the reflections of the visiting teams following Board Genba Walks which had taken place on 13 July 2022, to Theatres at PRH, Mortuary at PRH and Pharmacy at RSH.</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> <p>Whilst accepting that care needed to be taken to ensure that the process did not become another 'industry of action plans', the Chair clarified that one of the important reasons for logging and monitoring actions was for colleagues to see that Board members were listening and delivering on concerns and issues raised to them.</p> <p>Mr Owen confirmed that the process would continue to be refined, noting a suggestion of incorporation into common themes rather than featuring simply a list of actions.</p>	
BOARD GOVERNANCE		
163/22	<p>Board Assurance Framework (BAF) Q1 2022/23 Report</p> <p>The Board of Directors received the report from the Director of Governance and Communications, noting the refreshed BAF format to bring it in line with best practice.</p> <p>The Board reviewed the content of the draft quarter 1 BAF and approved the following:</p>	

	<ul style="list-style-type: none"> • An increase to the initial risk score for BAF 11 of 5x4=20 instead of 4x4=16 • Minor amendments to strengthen the wording on a number of the BAF descriptors <p>Finally, the Board agreed the BAF and noted that the revised BAF would evolve during the year, in particular the content of the new risks, 11-13.</p>	
164/22	<p>Quarterly Risk Management Report</p> <p>The Board of Directors received the report from the Director of Governance and Communications.</p> <p>The report was noted and taken as read.</p>	
165/22	<p>COVID-19 Public Inquiry</p> <p>The Board of Directors received the report from the Director of Governance and Communications.</p> <p>Ms Milanec advised that the terms of reference for the inquiry, appended to the report, were published at the end of July 2022 and provide further explanation of the extent of this far-reaching inquiry.</p> <p>The Board was informed that the Trust had been discussing and considering the requirements for some time. It was recognised that there would be an extensive amount of data, associated storage requirements and indexing involved, and there would be financial implications for the organisation in addressing the requirements of this project.</p> <p>The Board of Directors noted the report and took assurance from the work being undertaken to ensure the Trust addressed the requirements of the inquiry.</p>	
PROCEDURAL ITEMS		
166/22	<p>Any Other Business</p> <p>There were no further items of business.</p>	
167/22	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Board of Directors was scheduled for Thursday 13 October 2022, commencing at 13.00hrs (It was noted that September was one of the two non-Board months each year).</p> <p>The meeting would be live streamed to the public.</p>	
STAKEHOLDER ENGAGEMENT		

168/22	Questions from the public 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.	
The meeting was declared closed.		

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