

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

Thursday 13 October 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
Mr R Dhaliwal	Non-Executive Director (left the meeting at 1530hrs)
Mrs H Flavell	Director of Nursing
Dr J Jones	Acting Medical Director
Dr D Lee	Non-Executive Director
Prof T Purt	Non-Executive Director
Mrs H Troalen	Director of Finance
IN ATTENDANCE	
Ms R Boyode	Director of People and OD (part attendance)
Ms R Edwards	Associate Non-Executive Director
Mr N Lee	Interim Director of Strategy & Partnerships
Ms A Milanec	Director of Governance & Communications
Mr K Haynes	Governance Consultant
Mr M Wright	Programme Director, Maternity Assurance <i>(in attendance for items 182/22-184/22)</i>
Ms H Turner	Lead Freedom to Speak Up Guardian <i>(in attendance for item 170/22)</i>
Ms A Lawrence	Director of Midwifery, Women & Childrens Division <i>(in attendance for items 182/22-184/22)</i>
Ms C McInnes	Director of Operations, Women & Childrens Division <i>(in attendance for items 182/22-184/22)</i>
Ms E Wilkins	Deputy Director of People and OD <i>(in attendance for item 192/22)</i>
Ms J Smith	Joint Head of Equality, Diversity and Inclusion <i>(in attendance for item 192.22)</i>
Ms B Barnes	Board Secretariat (Minutes)
APOLOGIES	
Prof J Green	Associate Non-Executive Director
Mr R Steyn	Medical Director, Strategy & Partnerships

No.	ITEM	ACTION
PROCEDURAL ITEMS		
169/22	<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>	
170/22	<p>Staff Story</p> <p>As part of October's Freedom to Speak Up (FTSU) month, the Director of Governance and Communications introduced Ms Turner, FTSU Lead Guardian, to present this month's staff story.</p> <p>Ms Turner read a statement on behalf of a Healthcare Assistant (HCA), respecting the confidentiality of the individual, who did not wish to be publicly identified.</p> <p>The story, which focused on a deteriorating patient situation, highlighted the importance of all staff having the appropriate training to be able to carry out their roles and responsibilities when on duty, and the value of reaching out for support when feeling overwhelmed in the workplace.</p> <p>The HCA's original perception of FTSU was that it was of limited value, however after speaking to a FTSU Guardian, the individual realised its value and it gave them confidence to speak up about the issues and behaviours they had experienced.</p> <p>As a result, not only did the individual benefit, but appropriate Deteriorating Patient training was implemented for all relevant colleagues straight away, resulting in improved patient experience and organisational improvement.</p> <p>The Director of Nursing expressed her intention to share this valuable story with her Heads of Nursing and other areas of the organisation. She also asked Ms Turner to determine if the HCA would be willing to connect with her, as she would very much like to recognise her contribution to improvements, which clearly resulted from her having the confidence and support to speak up.</p> <p>Ms Edwards commented on the positive points she had personally taken from the online FTSU training she had recently completed. In response to a query on advocates, Ms Turner confirmed that there were approximately 40 colleagues across the Trust who were proud to act as FTSU ambassadors, whose role was to promote and signpost. Ms Turner took an operational action to determine a solution which would allow the ambassadors to be rapidly recognised by their colleagues, as instant visibility of their role was not currently in place.</p>	

	The Board of Directors noted the staff story and took assurance from the value that FTSU was providing in listening and being responsive to feedback from colleagues to improve patient experience. The Chair asked Ms Turner to relay the thanks of the Board to the individual concerned for the contribution she had made by speaking up.	
171/22	Quorum The Chair declared the meeting quorate.	
172/22	Declarations of Conflicts of Interest 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.	
173/22	Minutes of the previous meeting The minutes of the meeting held on 11 August 2022 were approved by the Board of Directors as an accurate record.	
174/22	Action Log The Board of Directors reviewed the action log, and agreed the following: <ul style="list-style-type: none"> Action 14 to remain open, pending a summary being provided at the next meeting once a sufficient range of patient letters had been reviewed, to determine whether the language/tone of voice required any amendment to reflect a more compassionate approach. No further actions were listed for review.	
175/22	Matters arising from the previous minutes No matters were raised which were not already covered on the action log or agenda.	
REPORTS FROM THE CHAIR AND CHIEF EXECUTIVE		
176/22	Fit and Proper Person Investigation Report (FPP) The Board of Directors received the independent report commissioned by the Trust from Ms F Scolding KC, detailing her investigation of the Trust and Mr Ben Reid, the former Chair of the Trust from February 2018 to August 2020, following receipt of a letter to the Chief Executive from two complainants in July 2020. In particular, Ms Scolding was commissioned to conduct an independent investigation on whether or not the issues raised in that letter gave rise to matters which engage the Fit and Proper Persons	

Regulations (FPPR), such that Mr Reid's actions and conduct during his period of tenure as Chair meant he should no longer be considered to be a fit and proper person in accordance with the FPPR.

Further, in commissioning the independent investigation, the Trust was conscious that the matters raised by the complainants in relation to Mr Reid in his role as Chair, may also necessarily involve the Board's actions and those of its Board Directors during the period in question.

The Board of Directors accepted the paper, and accompanying summary report, as read.

Dr McMahon, current Chair of the Trust, emphasised the importance of all Board members reading Ms Scolding's report in full, and noted that the Trust's position was set out in the following documents:

- The summary and recommendation document, included as Appendix 1
- Ms Scolding's full report, included as Appendix 2
- A thematic summary of Ms Scolding's findings, with recommendations, included as Appendix 3
- The proposal for a Board Governance Review, accepted at the July 2022 meeting of the Board of Directors held in private, included as Appendix 4

Dr McMahon invited the Board to accept in full the findings in Ms Scolding's report, ie that whilst Mr Reid did make mistakes and his actions as Chair were not always correct, they did not meet the threshold of 'serious' mismanagement by way of deliberate activity or standards which fall significantly below the level of a competent Chair.

Dr McMahon also invited the Board to accept in full Ms Scolding's findings on the performance of the Board itself, noting that given the importance of the findings, a proposal for a Board Governance Review was received and approved at the July 2022 Board meeting in private, whilst awaiting Ms Scolding's final report.

Referring to Ms Scolding's criticism of and comments about the Board; in particular, in relation to the specific complaint that the Trust had not dealt with the complainants, Mr Stanton and Ms Davies, in an open and honest way, Dr McMahon stressed that Ms Scolding had found this to be 'undoubtedly true'. She had also concluded that 'on some occasions, [the Board] sought to prioritise the reputation of the organisation above transparency and candour', and that the actions of the Trust 'demonstrate[d] a culture of defensiveness'.

In the context of Ms Scolding's review, this relates to the Trust's mishandling of the publication of the RCOG report, which the Trust accepts as inappropriate and inadequate, for the reasons set out by Ms Scolding. For this, Dr McMahon apologised unreservedly on behalf of the Trust, to Ms Davies and Mr Stanton, and to all affected

parents and families, for any distress caused by the delay in publishing the RCOG report.

Dr McMahon invited the Board to discuss Ms Scolding's report, to reflect if there was any detail missing from the thematic summary of findings (appendix 3), and to consider if there was anything further required for inclusion in the Board Governance Review now that the final report had been received.

Dr Lee, Chair of the Quality and Safety Assurance Committee (QSAC), fully accepted the recommendations of Ms Scolding's report and Dr McMahon's summary, and acknowledged the delayed publication of the RCOG report as inappropriate and mishandled. Dr Lee added that the summary captured the pressures which existed in the Trust at that time, and the challenging nature of Board meetings, for public attendees, the Chair and members of the Board, fully accepting that it proved people wanted and needed to have a voice. In conclusion, Dr Lee acknowledged that, as part of a challenged Trust and NHS nationally, and despite ongoing Board membership changes over time, the importance of the lessons learnt from this episode must not be forgotten.

Prof Purt, whilst only joining the Board as a Non-Executive Director (NED) at the end of Mr Reid's tenure, and not party to the Board meetings referred to within Ms Scolding's report, felt that Dr McMahon had captured the key issues well in her summary. He particularly noted the importance of Board effectiveness, transparency and candour, and the proposal under the Board Governance Review, for training and support for Board members, on the Board's improvement journey.

Ms Edwards, Associate NED, agreed that the thematic summary identified the key items for Board improvement focus and, as a new member of the Board, Ms Scolding's report had provided her with very important background. As Ms Edwards would shortly be moving into a full NED role and succeeding Dr Lee as Chair of QSAC she was particularly keen to ensure the effectiveness of the relationship between Committees and Board was considered.

Dr McMahon observed that Mr Dhaliwal, Ms Edwards and Prof Green have a unique role to play as new Non-Executive Directors, in reflecting back to longer serving Board colleagues on patterns and behaviours which could be refreshed. Ms Edwards commented in response that her experience since joining the Board was that it was very different to the one described in Ms Scolding's report. She found this Board to be very clear and transparent, and was encouraged by that as a new Board member.

Mrs Flavell, as a newer member of the Board in her role as Director of Nursing, also offered her unreserved apologies for the distress caused to Ms Davies and Mr Stanton, and all affected parents and families, as a result of the serious mishandling identified in Ms Scolding's report. Mrs Flavell had found the report to be a very difficult

read, and agreed with the themes which Dr McMahon had identified within her summary and thematic review. From Mrs Flavell's perspective, the key element, in addition to honesty and transparency, was the responsibility for the Board to have accountability. She also endorsed the importance of Committees and Board working together, and a 'golden thread' running from ward to Board. Finally, Mrs Flavell acknowledged that the fact the Trust did not behave appropriately when things went wrong was a huge lesson for the Board and everyone across the organisation. On that important point, Dr McMahon invited Board members to reflect on whether there was sufficient emphasis on behaviours within her recommendation document and thematic summary of findings.

Dr Jones, also a newer member of the Board in his role as Acting Medical Director, recognised that there was an enormous amount in Ms Scolding's report that re-highlighted how the Trust cares for patients, particularly around listening. He observed in particular that if an explanation or response was given, and questions were still being asked, it was clear that further consideration needed to be given by the Board, and wider organisation, to clear and transparent communication. Dr Jones added that it was about being more intellectually open to other possibilities, as Ms Scolding's report had shown that there were important lessons to be learnt about interaction between staff, the Executive and Board members, and where and how challenge should be used. Dr Jones concluded by stating that he had taken a lot from the report about understanding his role in Board assurance, and how the Board contributes to that process.

Mrs Barnett fully accepted the findings of Ms Scolding's report. She recognised that it was a hard hitting report, with very clear learnings, and as Chief Executive she committed to attend to all identified actions, to take forward the improvements that were required. This was in line with the Trust's wider work and cultural change programmes, acknowledging the importance of listening and delivering the best possible care.

Dr McMahon confirmed that the Board Governance Review was currently being undertaken by an independent consultant, and would be finalised in December 2022. At that point, she would be commissioning an independent Well-Led review. Additionally a gap analysis would be carried out on all other reports.

Dr McMahon added that she expected and encouraged the content of Ms Scolding's Report to be cross-referenced in subsequent Board discussions. She stressed the importance of Board members realising that the Board sets the organisational culture through the way it challenges, displays openness and candour, and embraces people willing to speak out.

In conclusion, Dr McMahon thanked Mr Stanton and Ms Davies for raising the issues identified in their complaint, and the additional light this had provided on the improvements required.

	The Board of Directors noted the report and associated appendices, and the identified requirements for assurance.	
177/22	<p>Report from the Chief Executive</p> <p>The Chief Executive advised that she had nothing additional to report, that would not be subsequently covered in the IPR and Getting to Good Reports. Mrs Barnett clarified that these reports set out the key areas of focus for the Trust, and the progress status of improvement delivery across the organisation.</p>	
STRATEGIC, QUALITY AND PERFORMANCE MATTERS		
178/22	<p>Hospitals Transformation Programme (HTP) Report</p> <p>The Board of Directors received the report from the Interim Director of Strategy and Partnerships, as HTP Senior Responsible Officer (SRO).</p> <p>Acknowledging that this was the first Board meeting held in public since publication of the HTP Strategic Outline Case (SOC), Mr Lee highlighted that his report and accompanying presentation covered progress to date and a forward view on the development of the HTP.</p> <p>The following key points of assurance were subsequently covered:</p> <ul style="list-style-type: none"> • The Trust was delighted, especially for the organisation’s clinical teams, to be able to move to the next step, of intensive work on the significant Outline Business Case (OBC), noting that due to the ongoing pressures, there was now a real urgency to the HTP delivery. The extensive programme of work would involve a wide range of partners from across the system • Included in the SOC were some important schemes that required funding outwith the £312M envelope, and approval had now been received for an Elective Hub at PRH, which was a key part of the programme of development • Noting that recent dialogue had taken place with the Trust’s Public Assurance Forum, it was confirmed that the HTP external and internal communications and engagement plans would be expanded over the coming weeks and months. Further briefings and dialogue with all stakeholders were planned, along with wider engagement activities that would provide opportunities for patients, families and residents to get involved in shaping the detailed models of care, and a sustainable organisation. The Chair emphasised that the Public Assurance Form formed part of the Trust’s Community Engagement Strategy, and was an important means by which the Trust’s engagement practices received external scrutiny • The HTP team and the system were determined to ensure work proceeded at pace, with due diligence, to create a programme of work that addressed the requirements of the Department of Health 	

	<p>and Social Care (DHSC) and NHS England's (NHSE's) Joint Investment Committee (JIC)</p> <ul style="list-style-type: none"> Reference was made to the Trust Strategy, which was at the core of the Operational Plan to be covered in the following agenda item. The strategy had importantly been built on the wider system and key areas which needed to be taken forward. Whilst HTP was recognised is an important part of that, it was one part, and the Local Care Programme and how the Trust interacts with community teams, was recognised as absolutely vital. <p>The Board of Directors noted the contents of the report and accompanying presentation.</p>	
179/22	<p>Operational Plan Summary 2022-23</p> <p>The Board of Directors received the report from the Director of Finance, which was taken as read.</p> <p>The following key points were covered:</p> <ul style="list-style-type: none"> Mrs Troalen confirmed the intention to have a more user-friendly version of the operational plan for key stakeholders once the plan put together as provider and system had been approved at national level As a reminder of the context, in common with the position of other providers, the Trust was still carrying out planning activity into July, led by the national planning process Due to the ongoing delay in publication, it was considered important to present this summary document for Board approval of the release to the communities served by the Trust The summary included: <ul style="list-style-type: none"> Key achievements from 2021/22 The eight priorities identified by the Board for 2022/23 Details on the Getting to Good programme, quality priorities, workforce priorities, activity priorities, financial sustainability, and system priorities. Mrs Troalen stated that, importantly, the summary plan felt grounded in reality, and she hoped to reach this point more quickly in 2023/24 In response to a query and request for assurance from Prof Deadman on the financial sustainability section of the plan, Mrs Troalen confirmed that the planned £19m deficit which was articulated in this report was part of the original plan. In particular, the financial impact of COVID-19 was not included in planning, as directed by the national planning process. The reasons for misalignment with the current financial position were confirmed as non-recurrent, including COVID-19 and temporary staffing. Mrs Troalen clarified that none of those gave her cause for concern, as the underlying financial plan was intact. Further discussion on this subject would take place at Finance and Performance Assurance Committee meeting in October The Chair referred to the System Working section of the report, and in particular the Local Care element, noting the importance of 	

	<p>working with the Integrated Care Board (ICB) and engaging in effective cross-dialogue, as the Local Care Programme and the HTP develop</p> <p>The Board of Directors approved the Operational Plan Summary for release to the communities served by the Trust, and congratulated Mrs Troalen and her team on a well put together report which effectively illustrated the Trust's strategy and values.</p>	
180/22	<p>Integrated Performance Report (IPR)</p> <p>The Board of Directors received the report from the Chief Executive, providing an overview of the performance indicators of the Trust.</p> <p>Executive Summary</p> <p>Mrs Barnett covered the following key points:</p> <ul style="list-style-type: none"> • Services continued to experience significant pressure and both hospitals remained at Critical Incident Level 4 • 158 patients were currently medically fit for discharge, with community partners experiencing severe issues around the availability of forward placements and support services. Intensive work and daily actions were underway, both within the Trust and with system partners, with the aim of improving flow, to achieve a reduction in delays in Urgent and Emergency Care, and improved ambulance handover times • All available space on both sites was being utilised, and consideration was being given to how other space could be utilised effectively • Reconfiguration of the acute floor at RSH commenced in September 2022 and, together with the ED transformation programme, would provide some long-term benefits to front door flow by providing additional assessment space for acute medicine, and also support direct admission pathways for orthopaedic trauma and oncology patients, with completion planned for December 2022 • The ongoing pressures were also impacting on planned care, however the Trust was on a trajectory to deliver the zero target for 104 week waits by the end of October 2022, and a reduction in 78 week waits by March 2023 • Cancer two week wait performance remained below the national standard, with radiology remaining a significant constraint in delivering more rapid improvement, although successful recruitment had recently taken place in Radiology • Confirmation of investment in the Elective Hub would bring further capacity in June 2023 • With regard to colleagues, the annual NHS staff survey had recently launched, and flu and COVID-19 booster vaccinations were underway <p>Mrs Barnett concluded her summary by acknowledging that the Trust was clearly not where it wanted to be, but was committed to delivering</p>	

sustainable improvement. She referred to her executive colleagues, in order to provide more detailed information for the Board.

Quality Summary

The Acting Medical Director and 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.

The following key points were covered:

- In line with national requirements, the Trust's mortality performance was now being reported under the Summary Hospital-level Mortality Indicator (SHMI)
- Venous Thromboembolism (VTE) risk assessment completions continued to remain below the national target line, and an action plan had been put in place to address the issues
- An increase was being seen in COVID-19 numbers across the Trust. With regard to hospital acquired infections, E.Coli and Clostridium Difficile numbers were also over target in month. The cases had been reviewed via the Root Cause Analysis (RCA) process, with extensive monitoring and assurance work underway, together with continued close working with NHSEI colleagues to improve IPC practices and processes
- Falls remained a priority, and there was an ongoing improvement plan as part of the Trust's quality strategy. An error was highlighted to the Board on Page 60 of the report, noting that the July 2022 actual falls performance figure was 0.045 and not 0.45 as quoted
- One to One care in labour performance was 100% in July, however there was a slight decline in acuity in month. Mitigation had been put in place through the escalation policy and procedure
- In response to a query from the Chair on the 44 open Serious Incidents (SIs), which was running near the upper control limit, Mrs Flavell provided assurance that the Trust was working within timelines, explaining that the report showed the number open but did not differentiate in terms of timelines
- The complaints process was now aligned to the Trust's Quality Governance Framework, and early performance improvement indications were positive

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 key points were covered:

- The health and wellbeing of colleagues continued to be a priority. The Trust had welcomed its first substantive clinical psychologist to support with mental health, and winter wellbeing plans would launch imminently, to provide support through the hardship fund
- Recognising that many colleagues felt under pressure due to current vacancy levels, which was noted as a national pressure across the NHS, workforce planning and partnership working on recruitment continued

- Retention was recognised as a key challenge for the Trust, and flexibility for colleagues to allow them to achieve the right balance was a priority. In response to a request from Mr Brown for clarity on whether flexible working had now passed the trial stage, Ms Boyode confirmed that this was being made available across the organisation, in addition to educating managers on the benefits and how to effectively consider requests, along with providing support with rostering. The Trust had also committed to a route to reach out if requests were declined, and the Royal College of Nursing had acknowledged the Trust's commitment to flexible working.
- Agency usage remained high and, working closely with finance colleagues, several workstreams were in place to review and implement measures to address this issue
- Training and development was important for staff, both to improve individual professional mastery, and also ensuring time was protected for training and development both individually and collectively as a team. Oversight and close monitoring of training continued, recognising an appropriate and safe balance was required between the importance of support for patients, and the requirement for statutory training and development

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 covered the following additional points, which had not been included by Mrs Barnett in her Executive Summary:

- Work continued at pace with Divisions on formulating the Trust winter plan
- A multi-agency discharge event (MADE) had recently taken place, working with the Shropshire Community Health NHS Trust (ShropCom) and Local Authorities on actions to maximise discharge and improve flow
- Work would start the following week on Phase 1 of the Elective Hub, and the Trust was working with system partners on how elective orthopaedic capacity could be improved
- Noting that cancer performance continued to remain below the national standard, Ms Edwards queried whether any improvement was being seen, despite standards not being met. Ms Biffen provided assurance around the plan in place to achieve significant improvement in gynaecological cancer performance over the next few weeks, and an improvement plan was in place to address tumour performance. In addition, the Trust was working with West Midlands Cancer Alliance on pathways
- The Chair was pleased to note the improvement in ED time to initial assessment in children, and thanked the executive for their responsive improvement actions in this regard
- With regard to patient initiated follow up rates not aligned with national rates, the Chair invited Ms Biffen to consider whether

there were actions that could be taken to support and empower patients on Patient Initiated Follow Up

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.

The following additional points were covered:

- Mrs Troalen reiterated that the Trust currently had an adverse variance to plan year to date. The Board would be notified when the submitted revised plan was approved by NHSE
- A significant element of the year to date deficit was due to an increase in agency expenditure to cover sickness absence, especially off-framework bookings for nursing, opening of unfunded escalation areas in order to mitigate ambulance delays, and escalated bank rates for both medical staffing and nursing. A lot of work was taking place on negotiating a reduction in the unit price of agency
- £2.202m of efficiency savings have been delivered year to date against plan of £1.505m, and it was expected that the annual target of £10.747m would be met in full
- The Trust was currently in discussions with NHSE on the forecast outturn for the end of the year. It was clear, with the operational pressures that remain, and the need to ensure that as much elective work as possible was delivered, that there were no easy options for mitigating the deficit

The Board of Directors noted the Integrated Performance Report.

181/22

Getting to Good Progress Report

The Board of Directors received the report from the Chief Executive, which was taken as read.

Assurances provided by the Executive on this month's report are summarised as follows:

- The Getting to Good Plan was receiving good levels of engagement from teams across the organisation, and there were assigned executive leads for each of the areas identified within the plan
- A number of mock CQC style inspections had taken place across the Trust, which had been well received by inspectors and inspectees. The Chair highlighted the behavioural benefits of working with an inspection mindset
- In response to a request from the Chair at the previous meeting, it was noted that an overview of the Getting to Good plan had been prepared and had recently been published on the Trust's website

	<p>Finally, in view of his initial request for clarity around the detail and improvement data contained within the Getting to Good report, the Chair asked Prof Deadman to provide his feedback on the report now that a period of several months had passed. Prof Deadman responded that, following a comprehensive explanatory session with the Programme Director, he was clear on the detail being reported, and was content that it was at the right level.</p> <p>The Board of Directors noted the report.</p>	
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ASSURANCE FRAMEWORK		
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182/22	<p>Ockenden Report Action Plan Progress Report</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 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 13 September 2022, 87% of actions from the first Ockenden Report had been 'delivered', with 81% of those 'evidenced and assured'. From the final report, 37% of actions had now been 'delivered', of which 28% were 'evidenced and assured' • The Board was reminded that all actions were summarised in one action plan, included as Appendix 1 • Discussion took place on the ongoing request from the Trust to system colleagues to finalise LMNS arrangements, and the Chair asked if there was more that she and Mrs Barnett could be doing to provide their support in moving this forward, in order to achieve delivery of this recommendation. Mrs Flavell confirmed that the ICB Chief Nurse was discussing this matter with her ICB colleagues, and there was also regional NHSE involvement. Mr Wright added that the Memorandum of Understanding (MoU) delivered to date, was primarily around the sharing of information. He confirmed that the action would be kept off track until there was an assured and evidenced end point. Mrs Barnett felt that there was some further action that could be taken and she was happy to work with Dr McMahon on how to move this forward • In response to a query from Ms Edwards on how assured the Trust was on the level of commitment from external organisations on whom the Trust was dependent for actions to be completed, Mrs Flavell clarified that, whilst not purposefully 'sluggish', there was still work to do. She expected, for example, that the outstanding CQC action would be addressed by their next inspection • Mindful of the Scolding Report findings covered earlier in the meeting, Mrs Boughey sought assurance on whether the Ockenden Report Action Plan was picking up other areas, eg the RCOG report. Mrs Lawrence clarified that this formed part of the Maternity Improvement workstream, which was making good progress. Mr Wright provided additional assurance that Ms 	
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	<p>Mciness had commissioned a piece of work that had reviewed all previous reports. The actions from the findings as a result of that exercise had now been incorporated into the Maternity Improvement Plan. The Chair requested that a formal report on those specific findings and actions be provided to Board, in line with the plan agreed as part of the discussion related to Ms Scolding's report (Item 176/22).</p> <p>The Board of Directors took assurance from the information provided in the report.</p>	DoN
183/22	<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 highlighted improvements being made through the experiences of families. Presentations were made available on the website following the meeting.</p> <p>Dr McMahon reported that the process was underway for a change of Committee Co-Chairs, as Ms Jane Garvey had stepped down due to her other commitments. Dr McMahon was pleased to announce that Ms Maxine Mawhinney, another former BBC journalist, would succeed Ms Garvey as Co-Chair. She would observe her first ORAC meeting on 18 October and formally take over as Co-Char in November 2022.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
184/22	<p>NHSR Clinical Negligence Scheme for Trusts (CNST) Report</p> <p>The Board of Directors received the report from the Director of Nursing, setting out the Trust's progress to date in demonstrating compliance with CNST actions in their current format and plans for the remainder of the reporting period. It also included information to evidence the closure or partial completion of several Safety Actions which must be approved by the Board of Directors.</p> <p>The following key points were covered:</p> <ul style="list-style-type: none"> • The final submission deadline had been extended to February 2023. Work continued based on the original deadlines but a revised plan would be presented to QSAC when developed • The CNST completion rate as at August 2022 (including compliance with the standards and accrual of supporting evidence) stood at 39% 'Evidenced and Assured', 38% Delivered, Not Yet Evidenced' and 23% 'Not Yet Delivered'. 	

	<ul style="list-style-type: none"> • The Trust was mostly on track to achieve CNST MIS Year 4 in its latest format, though some risk to delivery for Safety Actions 2, 6 and 8 remained • In response to a query from Mr Brown on carbon monoxide testing, assurance was provided by Mrs Lawrence that a number of systems and processes were in place to deliver against this metric, in particular, previous tube procurement issues had now been resolved and educational sessions had taken place with community midwives • In response to a query from the Chair on the Maternity Digital Strategy and whether the recent change to central guidance would impact on the Trust’s plan in any way, Ms McInness provided assurance that this did not appear to be the case. The Trust was on track to build on the described action, which was to have a maternity digital programme. The guidance was still being worked through and any risks to delivery of this metric would be flagged as they arose <p>The Board of Directors noted the following:</p> <ul style="list-style-type: none"> • The CNST reporting deadline had changed again, with the deadline date now confirmed as 2 February 2023, and a revised sign-off process would be put forward by the Women and Children’s Division to QSAC • The Trust had a dedicated Lead Consultant Obstetrician with demonstrated experience to focus on and champion best practice in preterm birth prevention • Women at high risk of preterm birth had access to a specialist preterm birth clinic where transvaginal ultrasound to assess cervical length was provided (Appendix 10 part b: preterm clinic plans and description) • An audit had been conducted of 40 consecutive cases of women booking for antenatal care, to measure the percentage of women assessed at booking for the risk of preterm birth and stratified to low, intermediate and high risk pathways, and that this complies with NICE guidance <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Reviewed, discussed and approved the Digital Strategy for Maternity (Appendix 1) • Approved the Locally Agreed Safety Intelligence Dashboard (Appendix 2) <p>The Board of Directors took assurance that the Trust was largely on track for delivery of CNST MIS Year 4, noting the ongoing risks to delivery, as detailed in Section 13.0 of the report.</p>	
185/22	<p>Freedom to Speak Up (FTSU) Vision and Strategy</p> <p>The Board of Directors received the FTSU 2022-2025 Vision and Strategy from the Director of Governance and Communications, on behalf of Ms Turner, FTSU Lead Guardian.</p>	

	<p>The report was taken as read, and the following key points were covered:</p> <ul style="list-style-type: none"> • The vision and strategy had been developed in line with the National Guardians Office and to satisfy the requirement for a written strategy, identified from the last CQC inspection • The attention of the Board was drawn to the FTSU vision on P246 of the Board pack, and the Board was asked to note that the strategy had been developed to align with the Trust's strategic goals of Our Patients and Community, and Our People. The strategy prioritises nine actions, which touch everyone from ward to Board, and details were included on the final slide of the presentation on how success would be measured • Mrs Boughey, as the NED lead for FTSU, expressed her delight that this document had come to fruition, and she referred to the story at the start of today's meeting which highlighted the importance of the FTSU service. She highlighted that point 3 within the priorities was about also 'listening up' and 'following up', which she observed as the 'golden thread' which ran through today's meeting <p>The Board of Directors approved the FTSU Vision and Strategy, and the Chair asked that Ms Milanec relay the thanks of the Board to Ms Turner and her team for their ongoing commitment and contribution to FTSU across the Trust.</p>	
186/22	<p>Audit and Risk Assurance Committee (ARAC) Report</p> <p>The Board of Directors received the report from the Committee Chair, Prof Purt, which covered the meetings held on 3 August and 10 October 2022.</p> <p>The Board was referred to the detail in the report, which was taken as read, and took assurance from the ongoing work of the Committee.</p> <p>The Board was alerted to a typo in the section 2a of the report, noting that the first bullet should read 'Progress had been made regarding Criteria Led Discharge'. Dr Drysdale had been invited to the next ARAC meeting with a view to concluding this.</p> <p>Dr Jones also highlighted a required correction to the narrative on the Waiting List Initiative within the same section, and it was agreed that this would be picked up outside of the meeting.</p> <p>Prof Purt was pleased to draw the Board's attention to the significant reduction, of approximately 2/3rds, in overdue internal audit recommendations.</p> <p>The Director of Governance and Communications drew the attention of the Board to a change in the format of the Key Issues Report, which had been trialled at ARAC, and now included a section to capture key actions. It was planned to shortly roll out this format for the reports</p>	

	<p>from the other committees, The Chair sought clarity on whether this was a record of actions which required the attention of the Board, or actions for the Committee to take. Ms Milanec took an operational action to confirm.</p>	
187/22	<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>	
188/22	<p>Finance & Performance Assurance Committee (FPAC) Monthly Report</p> <p>The Board of Directors received the report from the Committee Chair, Prof Deadman, who thanked Mr Brown for chairing the meeting in his absence.</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>	
189/22	<p>Board Listening and Learning by Genba methods</p> <p>The Board of Directors accepted the report in the absence of the Director of People & OD, who had been unavoidably called away from the meeting.</p> <p>The report detailed the reflections of the visiting teams following Board Genba Walks which had taken place on 10 August and 15 September 2022, to Ward 16 at PRH, Sterile Services at Queensway and Ward 22 Trauma & Orthopaedics at RSH, Pathology Labs at PRH and the Emergency Department at RSH.</p> <p>Mr Lee reiterated the importance of these visits, which were extremely well received by the teams, and allowed the Board to cross-reference a lot of areas, including FTSU.</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>	
BOARD GOVERNANCE		
190/22	<p>Managing Conflicts of Interest Policy</p> <p>The Board of Directors received the report from the Director of Governance and Communications, which was taken as read.</p>	

	<p>Ms Milanec advised of the significant progress which had been made during the year to review the Policy, seek declarations and to follow up internal audit recommendations. Assurance was provided that work would continue to maintain the registers of interests and to continue raising awareness of the policy with staff.</p> <p>It was noted that ARAC had recommended the policy for approval by the Board, and attention was drawn to Appendix A of the report, which detailed the significant changes to the policy.</p> <p>The Board of Directors ratified the updated Managing Conflicts of Interest Policy, as per the Trust's Scheme of Delegation, with the caveat that a formatting issue observed on Page 26 of the policy was corrected.</p>	
191/22	<p>ARAC updated Terms of Reference</p> <p>The Board of Directors received the report from the Director of Governance and Communications.</p> <p>Ms Milanec advised that as part of the Board governance review work, the Terms of Reference for all the Board Committees were in the process of being updated. The first of those, for the Audit and Risk Assurance Committee (ARAC) had now been reviewed, and was presented to the Committee on 5 October.</p> <p>ARAC had recommended the updated Terms of Reference, as appended to the report, to the Board for approval.</p> <p>Ms Edwards highlighted that she had provided some feedback by email following the ARAC meeting, which did not appear to have been reflected in the Terms of Reference being presented for approval. Prof Purt confirmed that he had requested that they be brought to the next ARAC meeting rather than holding up the approval by Board.</p> <p>Following discussion on the points in question, the Board of Directors approved the updated ARAC Terms of Reference, subject to a conclusion over Ms Edwards' requested amendments being agreed at the next ARAC meeting.</p>	
REGULATORY AND STATUTORY REPORTING		
192/22	<p>Equality, Diversity & Inclusion – Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Reports</p> <p>The Board of Directors received the reports from Ms Wilkins, Deputy Director of People & OD, on behalf of Ms Boyode, who was joined for this item by Ms Smith, Joint Head of Equality, Diversity & Inclusion.</p> <p>The Board reviewed and discussed the content of both reports, which received positive feedback and support on the written content. There were, however, some concerns expressed around the accuracy of the</p>	

	<p>figures quoted in several tables throughout the reports, which required correction. There was also a NED observation that it would be useful for the reports to contain some regional and national benchmarking.</p> <p>The Board of Directors approved publication of the reports on the website, with the caveat of corrections being made to the figures within tables prior to publication, and the Chair requested that Ms Boyode and Mrs Boughey take responsibility for a final proof read of the reports.</p>	
193/22	<p>Emergency Planning, Resilience and Response (EPRR) Annual Report 2021/22</p> <p>The Board of Directors received the report from the Acting Chief Operating Officer, which was taken as read.</p> <p>Ms Biffen drew the Board's attention to an error within the report on Page 353, noting this should read that there were 68 core standards, 64 relevant to the Trust, and compliance was 82%.</p> <p>It was noted that an internal confirm and challenge session had taken place with Mr Steyn and Mr Brown, and a date was now awaited for review under the NHSE compliance process.</p> <p>Mr Lee reminded the Board of the Emergency Planning Apprenticeships innovation, which had been led by Ms Beattie, the Trust's Emergency Planning Manager, as referenced in Section 7 of the report.</p> <p>The Board of Directors took assurance from, and approved, the report.</p>	
PROCEDURAL ITEMS		
194/22	<p>Any Other Business</p> <p>The Chair observed that the Executive had highlighted a number of errors within reports during today's meeting. Whilst recognising that this was undoubtedly a reflection of current operational pressures, she invited the executive members of the Board to consider more careful proof reading going forward.</p> <p>There were no further items of business.</p>	
195/22	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Board of Directors was scheduled for Thursday 10 November 2022, commencing at 13.00hrs.</p> <p>The meeting would be live streamed to the public.</p>	
STAKEHOLDER ENGAGEMENT		

196/22	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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