

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

Thursday 10 November 2022
Held in Shrewsbury Education & Conference Centre
(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
Mrs H Flavell	Director of Nursing
Prof J Green	Associate Non-Executive Director
Dr D Lee	Non-Executive Director
Prof T Purt	Non-Executive Director
Dr J Rowlands	Representing (with voting rights) the Acting Medical Director
Mrs H Troalen	Director of Finance
IN ATTENDANCE	
Ms R Boyode	Director of People and Organisational Development
Ms R Edwards	Associate Non-Executive Director
Mr N Lee	Interim Director of Strategy & Partnerships
Ms A Milanec	Director of Governance & Communications
Mr R Steyn	Medical Director, Strategy & Partnerships
Ms A Lawrence	Director of Midwifery, Women & Childrens Division <i>(in attendance for items 209/22, 210/22, 213/22, 214/22)</i>
Ms C McInnes	Director of Operations, Women & Childrens Division <i>(in attendance for items 209/22, 210/22, 213/22, 214/22)</i>
Mr M Wright	Programme Director, Maternity Assurance <i>(in attendance for items 209/22, 210/22, 213/22, 214/22)</i>
Ms H Turner	Lead Freedom to Speak Up Guardian <i>(in attendance for item 219/22)</i>
Ms K Allison (Observer)	Care Quality Commission (observing via Live Stream)
Ms B Barnes	Board Secretariat (Minutes)
APOLOGIES	
Dr J Jones	Acting Medical Director

No.	ITEM	ACTION
PROCEDURAL ITEMS		
197/22	<p>Welcome, Introductions and Apologies</p> <p>The Chair was pleased to welcome all those present to the first face to face meeting of the Board of Directors for over two years.</p> <p>Dr McMahon also welcomed observing members of the public joining via the live stream, explaining that the intention was to continue to live stream to the public over the next few months, whilst working towards public observers joining future meetings in person, subject to infection, prevention and control (IPC) and practical considerations.</p> <p>The Chair was also pleased to welcome Ms Allison of the Care Quality Commission (CQC), who would also be observing today's meeting via the live stream, in line with the CQC's routine annual Board observation cycle.</p> <p>Apologies were noted from Dr Jones, who was being represented (with voting rights) by Dr Jenni Rowlands.</p>	
198/22	<p>Patient Story</p> <p>The Director of Nursing introduced a video, in which a member of staff, who was admitted to the Trust as an emergency admission, reflected on her experience as a patient.</p> <p>The storyteller focused on the particular issues she experienced in relation to her vegetarian dietary requirements, which impacted upon her cumulative nutritional intake, and overall experience of care.</p> <p>Mrs Flavell advised the Board of the wide number of subsequent actions which had been introduced, and incorporated into daily routines, following this feedback.</p> <p>With regard to the integration of nutrition into treatment, specific assurance was provided on the establishment of a Nutritional Steering Group, incorporation of nutrition into the Trust's quality strategy, and inclusion in nursing metric audits. In response to a request for assurance on cohorted patients receiving access to appropriate nutrition, Mrs Flavell confirmed to the Board that a process was in place to ensure this was addressed.</p> <p>The Board of Directors noted the story and took assurance from the work being undertaken to listen to and be responsive to feedback, to continually improve patient experience.</p>	
199/22	<p>Quorum</p> <p>The Chair declared the meeting quorate.</p>	
200/22	<p>Declarations of Conflicts of Interest</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.	
201/22	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 13 October 2022 were approved by the Board of Directors as an accurate record.</p>	
202/22	<p>Action Log</p> <p>The Board of Directors reviewed the action log, and agreed the following:</p> <ul style="list-style-type: none"> Action 14 to remain open, with a revised deadline of February 2023, following the recent establishment of a working group to review the content, tone, and information provided in all patient letters, to ensure they were both informative and that the wording/tone of voice reflected a compassionate approach. <p>Reference was further made to a concern which had recently been raised by a member of the public, where it appeared that some patients had received an incorrect letter, stating that they had been discharged. Ms Biffen provided assurance that this situation had been thoroughly investigated and the patients had not actually been discharged, rather that this was a letter management/production issue. Relevant GP practices had been contacted, who had in turn contacted the patients concerned to provide reassurance on this issue.</p> <ul style="list-style-type: none"> Action 15 was noted as not yet due, acknowledging that a formal separate report on the findings and actions from work commissioned to review all previous maternity reports would be presented to the Board of Directors at its February 2023 meeting (in line with the plan agreed as part of the discussion related to Ms Scolding's report at the Board meeting in October 2022). <p>No further actions were listed for review.</p>	
203/22	<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		
204/22	<p>Report from the Chair</p> <p>The Board of Directors received a verbal report from the Chair, which covered the following points:</p>	

	<ul style="list-style-type: none"> • Board members were reminded that the programme of recognition and celebration across the Trust, which had been running over the last few weeks, would culminate in the Trust Celebratory Awards which were being held virtually the following week. The nomination submissions had been via peer recognition, with the Public Recognition Award run through the Shropshire Star. The Chair encouraged all Board colleagues to join this important event virtually. • Board members were referred to the recent national publication of the report of the independent investigation into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust, chaired by Dr Bill Kirkup CBE. It was recommended that colleagues read this extremely harrowing report in full. There was further reference to proposals for the integration of appropriate recommendations from Dr Kirkup's report into this Trust's Maternity Transformation Programme within subsequent agenda item 209/22, the Ockenden Report Action Plan Progress Report. <p>The Board of Directors noted the report.</p>	
205/22	<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		
206/22	<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>Colleagues' attention was drawn to the new format of the report, which had been revised to provide more clarity over the important performance indicators monitored by the Board. Narrative had been streamlined to avoid duplication and to be more forward focused. The use of data analysis helped to indicate themes and areas of potential higher risk, and the actions being taken to mitigate such risks. Feedback from Board members on the new format was invited following the meeting.</p> <p>Executive Summary</p> <p>Mrs Barnett referred the Board to the detail contained within this section of the report, highlighting that the Trust continued to experience considerable operational pressures, reflecting the national position throughout the NHS. The number of patient discharges did not meet the demand, which was particularly evident in the Emergency Department, and the Trust continued to take actions</p>	

on a daily basis, and work closely with system partners to fully utilise the support available in the community and other healthcare settings, to improve the flow of patients through both hospital sites

Mrs Barnett referred to her executive colleagues, in order to provide more detailed information for the Board.

Quality: Safety and Effectiveness and Patient Experience

The Board was referred by the Director of Nursing to the full detail contained within this section of the report, noting that the data presented was from August 2022, to allow for progress through the governance process.

The report was taken as read, and the following key points were covered:

- There were currently approximately 40 COVID-19 positive patients within the Trust
- E.Coli and Clostridium Difficile remained over target in month, and the report detailed the strengthened review and recovery planning being undertaken. The Trust continued to be closely supported by NHSEI colleagues in this regard
- Patient falls prevention remained a priority, and the ongoing improvement plan which formed part of the Trust's quality strategy continued to be a key focus. Mrs Flavell confirmed, in response to a query from Mr Dhaliwal, that there was a standardised falls assessment approach on admission. She also took an operational action to report on the percentage of falls per Division
- Complaints performance continued to be a challenge, although processes had been established for managing the backlog and there was now a greater oversight and ownership within Divisions which was improving response timelines
- In response to a concern expressed by Mr Brown with regard to the reliance on Datix for compliments, Mrs Flavell responded that alternative options would continue to be explored operationally
- Assurance was provided that no harm had resulted from mixed sex breaches. These had been challenging to avoid at peak periods of COVID-19 however that level of pressure had now reduced, and the data essentially represented ITU patients ready to be transferred out

Responsiveness

The Acting Chief Operating Officer referred the Board of Directors to the full detail contained within this section of the report, which was taken as read. Ms Biffen referred to the following key points:

- The recently introduced 'Next Patient' initiative continued to be implemented across the organisation, as a mechanism to improve flow through the Emergency Department and reduce ambulance handover delays. As referenced by Mrs Barnett in her Executive Summary, however, the Trust continued to have significant numbers of Medically Fit for Discharge (MFFD) patients, which had stood consistently at more than 120 per day since December 2021. The report detailed the actions being taken to improve

patient flow, and there was Board discussion on the issues being experienced in consistency of the achievement of early flow at different stages of the week. It was confirmed that there was increased focus on the weekend period to investigate if working processes could be strengthened, although assurance was provided that there was good executive weekend oversight through the on-call structure, with presence on both days of the weekend, and pre-weekend briefings to identify potential actions which could be taken

- Mrs Barnett provided assurance around the series of improvement programmes, reconfigurations and pilot work which would be rolled out, also acknowledging the longer term strategic importance of the Hospitals Transformation Programme (HTP).
- Ms Edwards suggested to the executive that it would be useful for the operational difficulties to be reported more visibly on the overall dashboard, and Ms Biffen took an operational action to reflect this in future reporting
- In response to a query from the Chair, Ms Biffen provided assurance on the Trust's bed occupancy performance, which was reported as 90.3% compared to the national target of 92%. It was confirmed that the difference was due to the administrative processes around the timing of data entry, rather than physical patient entry into beds
- Referral to Treatment (RTT) times had increased due to the persistent flow pressures. Additional insourcing activity remained in place at weekends and the Trust remained on trajectory to deliver the zero capacity target for 104 weeks at the end of October 2022. Ms Biffen wished to express her thanks to the team for their innovative processes around theatre utilisation to address the challenges of bed availability on the PRH site. The Trust remained on trajectory to deliver the 78 week target, and weekly monitoring meetings were taking place with NHSE
- Cancer performance backlog was significant. Whilst additional outsourced reporting capacity had been secured, the report provided more detail on the Trust's recovery performance.

Well Led: Workforce Summary

The Director of People & OD referred the Board of Directors to the full detail contained within this section of the report, which was taken as read. The following key points were covered:

- The significant operational pressures were resulting in continued reliance on agency staffing, with vacancies, short term sickness and escalated areas driving agency costs. The lack of maturity in medical rostering was also resulting in agency staff reliance, and Ms Boyode assured the Board that the Medical People Services team was making good progress in working through current issues in this regard
- In response to a query on the original cohort of international nurses, who were were now approaching the end of their original two year contract period, Ms Boyode reported that the Trust was working collectively to ensure their retention. Feedback received to date had, however, indicated that many had encountered

	<p>affordability challenges with living in rural Shropshire, and also wished to secure specialist training going forward. Mrs Flavell recognised the importance of understanding the lessons learned to allow the Trust to meet the needs of future international colleagues</p> <ul style="list-style-type: none"> • Noting that 183 colleagues had left the Trust this year to date, with less than 12 months service, Ms Boyode detailed the ongoing work to address the rate of attrition and to manage new starter expectations. She did, however, also highlight the reality of what the NHS offered employees in terms of pay, and the affordability of housing in the region. Other reasons provided at exit included people deciding the culture was not right for them, preference for a different industry or a requirement for greater flexibility • With regard to the reported above baseline sickness levels, Ms Boyode recognised that, on reflection, the 4% target which had been set was too ambitious. Repeat short term sickness was due to a combination of factors, and whilst colleague exhaustion, COVID-19 and flu represented a large element, cost of living pressures were also having an impact on health and wellbeing. It was noted that the Trust had a policy to support managers in the management of repeat sickness <p>Well Led: Finance Summary The Director of Finance referred the Board of Directors to the full detail contained within the Finance section of the report, which was taken as read.</p> <p>Mrs Troalen drew the Board’s particular attention to the continued deterioration of the Trust’s financial position at Month 6 compared to plan, noting the direct correlation between operational and financial pressures</p> <p>The Board of Directors noted the Integrated Performance Report.</p>	
207/22	<p>Getting to Good (G2G) Progress Report</p> <p>The Board of Directors received the report from the Chief Executive, which was taken as read.</p> <p>Mrs Barnett emphasised that the Trust was nearing the end of Phase 2 of the G2G programme, and would be taking stock to determine the way forward. It was noted, in particular, that some projects were quite broad, so the intention was to set more focused milestones as the Trust continued on its improvement journey.</p> <p>The Board of Directors noted the report.</p>	
208/22	<p>Public Participation Report</p> <p>The Board of Directors received the report for Quarter 2 of 2022-23 from the Medical Director, Strategy & Partnerships, who reminded colleagues that the full report was included within the Supplementary Information Pack.</p>	

	<p>Mr Steyn drew the Board’s attention to Section 2.1 of the covering paper, which provided details of the Public Assurance Forum meeting of 3 October 2022. Key updates provided at the meeting had covered the Trust’s Strategy, the Hospitals Transformation Programme, and the engagement plans being developed for both.</p> <p>The Board’s attention was also drawn to Section 3 of the covering paper, which focused on the activities of the Trust’s phenomenal volunteer programme, recognising that the large contingent of volunteers made a key contribution to the Trust.</p> <p>The Board of Directors noted the activity in Q2 across the Public Participation Team, and thanked Mrs Clarke, Director of Public Participation, and her team for the valuable work they were undertaking.</p>	
--	---	--

ASSURANCE FRAMEWORK		
----------------------------	--	--

209/22	<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, and subsequent maternity items, 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 11 October 2022, 85% of actions from the first Ockenden Report had been ‘delivered’, with 81% of those ‘evidenced and assured’. From the final report, 41% of actions had now been ‘delivered’, of which 32% were ‘evidenced and assured’ • The Board was reminded that all actions were summarised in one action plan, included as Appendix 1 • One action from the first report, with regard to the use of current quality improvement methodology to audit and improve clinical performance of obstetric anaesthesia services, was highlighted as ‘At Risk’, however it was confirmed that a plan was now in place to achieve this action • A further action (LAFL 4.100) had changed from ‘At Risk’ to ‘Not yet delivered’, as arrangements were now in place for consultant neonatologists and ANNP’s to undertake regular observational attachments at another neonatal intensive care unit • The Board’s attention was drawn to Section 5 of the paper which focused on the recently published report of the independent investigation into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust, chaired by Dr Bill Kirkup CBE. As referenced in the earlier Report from Chair, it was suggested that Board members took time to read the report in full, and also that this formed part of the forthcoming Board Development session that was being planned with maternity 	
--------	--	--

	<p>services colleagues, so that full and due learning from this report could take place, and further inform this Trust's Maternity Transformation Programme (noting that this was subject to confirmation of the national approach)</p> <ul style="list-style-type: none"> • Details were provided by Ms McInness of the externally supported 6-12 month cultural work which had recently started within the W&C Division, with the objective of gaining a deep understanding of colleagues' feelings and perceptions, and how that in turn translated to the quality of care provided. Once all feedback had been received, the Divisional Leadership Team would work, with external support, to address the findings. Ms Boyode added that the multi-disciplinary internal team and external support were also covering other areas of the organisation. <p>The Board of Directors took assurance from the information provided in the report.</p>	
210/22	<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>The next (live streamed) meeting of the Committee would take place on 22 November 2022, and the participation of Board colleagues and members of the public would be most welcomed.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
211/22	<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 key points were covered:</p> <ul style="list-style-type: none"> • The Board was alerted to notification received by the Trust that the 136 Suite at Redwoods was to be closed temporarily for building works for approximately 20 weeks. Concern was expressed regarding the additional pressures this would create on mental health provision. Mrs Flavell confirmed that the Trust had been informed there was regrettably no alternative solution, meaning that consideration would need to be given to regulatory breaches • Paediatric triage performance was still unacceptably low, and the Chair requested that reporting be reintroduced into the IPR from next month. Ms Biffen and Mrs Flavell took an operational action to conduct a deep dive to understand why performance was showing no signs of improvement despite both hospital sites now having a dedicated paediatric triage area. <p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p>	

212/22	<p>Finance & Performance Assurance Committee (FPAC) Monthly Report</p> <p>The Board of Directors received the report from the Committee Chair, Mr Dahliwal.</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>	
213/22	<p>NHSR Clinical Negligence Scheme for Trusts (CNST) Report</p> <p>The Board of Directors received the report from the Director of Nursing.</p> <p>Mrs Flavell clarified that a full CNST update would be received by the Board at a seminar session scheduled for 1 December 2022. In the meantime, the latest CNST guidance required that the evidence to support Safety Action 4, standard d, relating to the Neonatal Nursing Workforce, was seen by the Board of Directors prior to December. This therefore formed the sole content of this report.</p> <p>The following key points were covered:</p> <ul style="list-style-type: none"> • By 5 December 2022, the Trust was required to formally record in the minutes of its Board of Directors' meeting the compliance to the service specification standards annually, using the neonatal clinical reference group nursing workforce calculator (known as the 'Dinning Tool'). For units that do not meet the standard, the Trust Board should evidence progress against the action plan developed in year 3 of MIS to address deficiencies • It was noted that, for year 3 (2021-22) of the scheme, the Trust was able to evidence compliance with the British Association of Perinatal Medicine (BAPM) standards, hence there was no existing plan requiring update • This paper (for year 4) shows that some changes are required in order to fully meet the standards in their current format. Accordingly, the paper included an action plan on how this would be achieved, which would also be shared with the LMNS • The Dinning Tool was completed in July 2022 by Dr Deshpande, Neonatal Consultant at the Trust, which had been provided to the Board at Appendix 1 for information <p>The Board of Directors:</p> <ul style="list-style-type: none"> • noted the information within the report as to the status of the Trust's Neonatal Nursing Workforce relative to the BAPM standards; and • noted that, whilst the standard had largely been attained, further developments in staffing were required, as detailed in the corresponding action plan 	
214/22	<p>Maternity Safe Staffing Report Q1 & Q2 2022-23</p>	

	<p>The Board of Directors received the report from the Director of Nursing, to provide assurance to the Board that there was an effective system of midwifery workforce planning and monitoring of safe staffing levels from April to October 2022, with the appropriate escalation plans in place. It was noted that this was a requirement of the NHSLA Maternity Incentive Scheme for safety action 5 (NHSLA, 2021).</p> <p>Mr Brown queried what actions were being taken in response to the significant increase to the unavailability rate in Q2 due to an increase in long term sickness absence. Ms Lawrence confirmed that the increase was a ‘false representation’ due to previous incorrect reporting, and she provided assurance that reporting was now accurate. She added that the long term sickness rate was due to several members of the midwifery team sadly losing loved ones or experiencing serious illness. Ms Boyode emphasised that the rate of long term sickness was no different from any other NHS Trust in these times.</p> <p>Mrs Barnett asked if there was anything further that the Division felt the Trust should be doing to support staffing. Ms Lawrence responded that the Board’s support had been helpful in terms of the recruitment trajectory, highlighting that the biggest financial challenge going forward would be the Midwifery Apprenticeship Programme.</p> <p>The Board noted the status against the Dinning Tool and the reported shortfall instances, and assurance was provided that these would not impact on the Trust’s ability to meet CNST standards.</p>	
215/22	<p>Winter Plan 2022-23</p> <p>The Board of Directors received the report from the Acting Chief Operating Officer, which described the activities that were being undertaken to mitigate the impact of winter. It was noted that the plan, which was taken as read, was being developed in conjunction with system partners to support the management of increased demand.</p> <p>Discussion took place on the potential for increased engagement within primary care partners, and the Chair expressed the view that system colleagues, working together, should be accountable for primary care engagement, noting that the System Operations Centre (SOC) was being introduced to ensure all system actions were driven through.</p> <p>The Board of Directors noted the winter plan, and the illustrated bed gap, which continued to be the focus of work with system partners, to mitigate the impact and further reduce the bed gap where possible.</p> <p>Assurance was provided that a regular update would be provided to the Board throughout the winter period, and a formal review of the winter plan would be undertaken and presented in April 2023.</p>	
216/22	Incident Overview Report	

	<p>The Board of Directors received the report from the Director of Nursing, to provide assurance of the efficacy of the incident management and Duty of Candour compliance processes within the Trust.</p> <p>The report was taken as read and the following key points were noted:</p> <ul style="list-style-type: none"> • It was recognised that the content of the report was reflective of current operational pressures • The incident reporting supporting the report had been reviewed to assure that systems of control were robust, effective and reliable, thus underlining the Trust's commitment to the continuous improvement of incident and harm minimisation. <p>The Board of Directors noted the report.</p>	
217/22	<p>Infection Prevention and Control (IPC) Report</p> <p>The Board of Directors received the report from the Director of Nursing, which provided a summary of performance in relation to the key performance indicators for IPC in Quarter 2 of 2022-23.</p> <p>The report was taken as read, and the Board took assurance from the ongoing improvement work throughout Quarter 2.</p>	
218/22	<p>Health, Safety, Security and Fire Committee Annual Report</p> <p>The Board of Directors received the report from the Acting Chief Operating Officer, detailing the work of the Committee during 2021-22, which was taken as read.</p> <p>The Board noted and approved the report, however requested clarity on the degree of duplication with other individual associated reports which also continued to be received by the Board. Ms Milanec took an operational action to review the Terms of Reference with Ms Biffen with a view to resolving this situation.</p>	
219/22	<p>Freedom to Speak Up (FTSU) Report</p> <p>Ms Turner, FTSU Lead Guardian, was introduced by Ms Milanec, as the Executive Lead for FTSU, to present the report for Quarter 2 of 2022-2023.</p> <p>The Board of Directors was referred to the detail within the report, which was taken as read, and the following key points were covered:</p> <ul style="list-style-type: none"> • There had been a slight increase in concerns raised in Quarter 2, which included increases in the number of patient safety themes overall and concerns reported by Doctors • Mrs Barnett felt very encouraged by the number of colleagues who were now routinely raising their concerns, particularly with the demands faced by staff due to the level of pressure on services. 	

	<p>Importantly, this active dialogue was ensuring colleagues' views could be incorporated into ways of implementing change</p> <ul style="list-style-type: none"> • Mrs Flavell offered her help to Ms Turner in facilitating drop in sessions with her Divisional Heads of Nursing, and it was agreed that discussion would take place outside of the meeting on how Divisions could link with FTSU <p>The Board of Directors noted the report and took assurance from the valuable work being undertaken by Ms Turner and her team.</p>	
220/22	<p>Board Listening and Learning by Genba methods</p> <p>The Board of Directors received the report from the Director of People & OD, which detailed the reflections from Genba Walks which had taken place on 12 October, to the Education Support Unit, and Critical Care Unit 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>	
REGULATORY AND STATUTORY REPORTING		
221/22	<p>How we Learn from Deaths Report</p> <p>The Board of Directors received the report from the Deputy Medical Director for Quarter 4 of 2021-22, which was taken as read.</p> <p>Dr Rowlands referred to the one open risk on the Trust Risk Register relating to recruitment to clinical and non-clinical roles to support Learning from Deaths, and confirmed that recruitment was in progress. Once the additional colleagues were in post and fully established, it was anticipated that the risk would close.</p> <p>Ms Edwards relayed her positive feedback on the format and clarity of detail within the report, and asked that this be fed back to those involved in the report production.</p> <p>The Board of Directors noted the report, and the Chair took the opportunity to thank Dr Rowlands for her contribution to today's meeting.</p>	
PROCEDURAL ITEMS		
222/22	<p>Any Other Business</p> <p>There were no further items of business.</p>	
223/22	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Board of Directors was scheduled for Thursday 8 December 2022, commencing at 13.00hrs.</p>	

	The meeting would be live streamed to the public.	
STAKEHOLDER ENGAGEMENT		
224/22	<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.		

DRAFT