

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

**Thursday 8 December 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
Mr R Dhaliwal	Non-Executive Director
Mrs H Flavell	Director of Nursing
Prof J Green	Associate Non-Executive Director
Dr J Jones	Acting Medical Director
Prof T Purt	Non-Executive Director
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 R Gallimore	Director of Digital Transformation
Ms A Lawrence	Director of Midwifery, Women & Childrens Division <i>(in attendance for items 240/22 - 242/22)</i>
Ms C McInnes	Director of Operations, Women & Childrens Division <i>(in attendance for items 240/22 - 242/22)</i>
Mr M Wright	Programme Director, Maternity Assurance <i>(in attendance for items 240/22 - 242/22)</i>
Ms S Fletcher	Local Maternity & Neonatal System (LMNS) Representative (and SRO for Patient Safety in the ICS) <i>(in attendance for CNST item 240/22)</i>
Ms B Barnes	Board Secretariat (Minutes)
APOLOGIES	
Prof C Deadman	Non-Executive Director
Mrs H Troalen	Director of Finance

No.	ITEM	ACTION
PROCEDURAL ITEMS		
225/22	<p>Welcome, Introductions and Apologies</p> <p>The Chair was pleased to welcome all those present, and observing members of the public joining via the live stream.</p> <p>Apologies were noted, and the Chair drew colleagues' attention to what would have been Prof Deadman's last Board meeting had he not had to send apologies due to a prior commitment. Dr McMahon expressed sincere thanks to Prof Deadman in absentia for his significant contribution to the Board and the Trust during his terms of office as a Non-Executive Director, and sent warm wishes for the future on behalf of all Board colleagues.</p>	
226/22	<p>Patient Story</p> <p>The Director of Nursing introduced a video, in which the wife of a patient who was receiving palliative chemotherapy within the Trust reflected on her experience of contact with staff and the services accessed by her husband, sharing the challenges they encountered when he required out of hours admission for inpatient care.</p> <p>The storyteller fed back that, whilst the care they had received had been kind, caring and compassionate, action was needed to improve the system.</p> <p>Mrs Flavell thanked the storyteller for her feedback, and advised the Board of the wide number of actions that were underway following the sharing of this story.</p> <p>Noting that there had not to date been an acute provider patient story at any of the ICS Board meetings, Dr McMahon took an operational action to arrange for a story to be included on a future agenda.</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>	
227/22	<p>Quorum</p> <p>The Chair declared the meeting quorate.</p>	
228/22	<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>	
229/22	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 10 November 2022 were</p>	

	approved by the Board of Directors as an accurate record.	
230/22	<p>Action Log</p> <p>The Board of Directors noted that the two actions listed on the Action Log were not due until the February 2023 meeting.</p> <p>No further actions were listed for review.</p>	
231/22	<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		
232/22	<p>Report from the Chair</p> <p>The Board of Directors received a verbal report from the Chair, which covered the following points:</p> <ul style="list-style-type: none"> • Dr McMahon highlighted the ongoing pressures across the organisation, and the consequences for the communities served by the Trust, noting that this would be covered in detail in subsequent agenda items • Following the publication of the Scolding Report, and subsequent discussion at a recent Board Development Day on feedback received from an internal self assessment of the functioning of the Board, colleagues were reminded of the previously advised Board external independent review, which would be taking place early in 2023. <p>The Board of Directors noted the report.</p>	
233/22	<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		
234/22	<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 across September and October 2022.</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 be under</p>	

sustained pressure, reflecting the national position throughout the NHS. The Trust was extremely mindful of the resulting impact on members of the communities which it served, and continued to work with partners across the STW system 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 Caring & Experience

The Board was referred by the Acting Medical Director and Director of Nursing to the full detail contained within this section of the report.

The report was taken as read, and the Board's attention was drawn to the improvement actions ongoing across the Trust, as detailed within each category.

Mr Brown referred to the Trust's performance to the national target of Smoking Rate at Time of Delivery (SATOD), and it was agreed that his operational queries would be addressed by Mrs Flavell offline.

In response to a query from the Chair on Category 3 pressure ulcers within the Serious Incident category, Mrs Flavell confirmed that there was no evidence to date of any increase in tissue damage as a result of long waits at home, on ambulances or in the Emergency Department, but this continued to be monitored.

Responsiveness

The Acting Chief Operating Officer referred the Board of Directors to the full detail contained within this section of the report.

The report was taken as read, and the Board's attention was drawn to the actions being taken to improve, as detailed within each reporting category.

Ms Biffen highlighted that the newly established acute floor was due to open the following week, and it was expected that this would result in reduced time in ED for admitted patients, reduced 12-hour breaches, and reduced ambulance offload delays.

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.

Noting that vacancies were driving the need to rely on agency staffing, the Board's attention was drawn to the actions being taken to address recruitment and retention, including programmes of work to investigate how the Trust could increase its bank staff quota.

Mrs Boyode advised the Board that the Executive was mindful of the risk which would be presented by forthcoming ambulance service

	<p>strike action. Noting that the Trust had to be prepared for disruption, extensive work was underway on mitigating actions.</p> <p>Well Led: Finance Summary</p> <p>The Interim Director of Strategy and Partnerships, presenting on behalf of the Director of Finance in her absence, referred the Board of Directors to the full detail contained within this section of the report.</p> <p>The report was taken as read, and the Board's attention was drawn to the actions being taken to improve, as detailed within each reporting category.</p> <p>In response to a query from Mrs Barnett, Ms Biffen confirmed that there was valuable clinical colleague and Divisional involvement in the actions being taken to mitigate the Trust's financial position.</p> <p>The Board of Directors noted the Integrated Performance Report.</p>	
235/22	<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>It was noted that the Outpatient Transformation project was reported as off track in the period, due to the non-delivery of milestones related to outputs from past maximum waits and virtual clinic reviews. Ms Biffen confirmed that the Trust was working with NHSE on the associated actions with a view to improvement.</p> <p>The Board of Directors noted the report.</p>	
236/22	<p>Trust Strategy 2022-2027</p> <p>The Board of Directors received the report from the Interim Director of Strategy and Partnerships, which was taken as read.</p> <p>Mr Lee expressed his thanks to the significant number of stakeholders who had been involved in the formulation of this document and the Trust's strategic themes, noting the valuable contribution of the Trust's Public Assurance Forum.</p> <p>Acknowledging that the Strategy had previously been presented to the Board, both in private session and seminars, the Board of Directors approved the Strategy for publication on the Trust website.</p>	
237/22	<p>Health and Safety Management Policy</p> <p>The Board of Directors received the report from the Acting Chief Operating Officer, which was taken as read.</p> <p>The Chair advised the Board that she had accepted the policy for approval on this occasion, noting that it had not yet been through the Quality and Safety Assurance Committee (QSAC).</p>	

	<p>The Board of Directors approved the policy for use on an 'interim' basis, with the assurance that this would be received at the QSAC meeting in December, for representation with any required changes as the formal substantive policy.</p>	
238/22	<p>Estates Bi-Annual Report 2022-23</p> <p>The Board of Directors received the report from Ms Biffen, presenting on behalf of the Director of Finance in her absence.</p> <p>The report was taken as read, and the Board was pleased to note that the reported KPIs indicated an improvement in Estates Operations and Medical Engineering.</p> <p>The Board of Directors noted the report.</p>	
239/22	<p>Green Plan Progress Report</p> <p>The Board of Directors received the report from Ms Biffen, on behalf of the Director of Finance, which was taken as read.</p> <p>The Board was advised that the Trust's Green Plan was aligned to the ICS' Green Plan, and would be presented as an integrated plan going forward.</p> <p>Ms Edwards raised an enquiry regarding the use and control of pesticides and herbicides, and an operational action was taken by Ms Biffen on behalf of Mrs Troalen to request clarification from the Estates Team.</p> <p>The Board of Directors noted the report.</p>	
ASSURANCE FRAMEWORK		
240/22	<p>Clinical Negligence Scheme for Trusts (CNST) Year 4 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 Ms Lawrence, Director of Midwifery; Ms McInnes, Divisional Director of Operations, and Mr Wright, Programme Director, Maternity Assurance.</p> <p>Mrs Flavell also welcomed Ms Sharon Fletcher, the Local Maternity and Neonatal System (LMNS) representative, and Senior Responsible Officer for Patient Safety in the ICS, who joined the meeting for this item.</p> <p>The Board noted that the paper set out the Trust's completion status against the ten identified Year 4 safety actions to date, and included</p>	

information to evidence the closure or partial completion of several safety actions which must be approved by the Board of Directors.

The Board of Directors had attended a dedicated Board Seminar session on 1 December 2022, for the Director of Midwifery and the Clinical Director of Obstetrics, supported by the Women & Children's Senior Leadership Team, to present the status of each of the safety actions with the correlating evidence to confirm the delivery status of each action. Following that session, the Board was advised that six actions were 'complete' and the remaining four were 'on track' for completion within the given timescales.

The Board's attention was also drawn to appendices A to E, which were attached to this paper, and Board members received assurance that these papers had been discussed and reviewed in detail by the Quality and Safety Assurance Committee (QSAC) in November 2022 prior to submission to the Board.

The Board also noted that the report attached as appendix F to this paper was provided as evidence for each of the following requirements within safety action 10:

- Trust Board sight of Trust legal services and maternity clinical governance records of qualifying HSIB/EN incidents and numbers reported to HSIB and NHS Resolution
- Trust Board sight of evidence that the families have received information on the role of HSIB and EN scheme
- Trust Board sight of evidence of compliance with the statutory duty of candour

The Board was also pleased to note that, following external scrutiny, the Trust was the only provider in the country who was meeting all five elements of the Saving Babies Lives Care Bundle. The Trust had been informed that due to the detailed evidence provided of compliance and embedding, the tool used by the Trust would be used nationally going forward.

The Board of Directors:

- accepted the recommendations within the paper submitted to QSAC in November 2022 including the attached appendices;
- noted the contents of this paper and took assurance that, while there were some risks for non-delivery, these had been mitigated as much as possible in advance of the final deadline for delivery of key items;
- received and accepted the report attached to this paper as appendix F as evidence of the achievement of safety action 10; and
- agreed that the Trust Board would meet in January 2023, in private, prior to formal sign off by the Trust Chief Executive Officer and the CNST System Accountable Officer on 1 February 2023, to receive a final position update with regard to each of the required safety standards alongside a recommendation from the

	<p>Division, prior to the final formal submission to NHS Resolution, that must be completed by 12 noon on 2 February 2023.</p> <p>The Chair expressed the thanks of the Board to Mrs Flavell, Ms Lawrence, Dr Jones, Mr Wright, Prof Green, and all colleagues who had been involved in what had clearly been a very challenging and extensive piece of work.</p> <p>In conclusion, Ms Fletcher noted that the achievement from the work carried out was palpable, and through effective joint working the LMNS had remained assured of the commitment to quality throughout the process.</p>	
241/22	<p>Ockenden Report Action Plan Progress Report</p> <p>The Board of Directors received the report from the Director of Nursing, joined by colleagues as indicated above.</p> <p>The Board of Directors was referred to the detail contained within the report, which was taken as read.</p> <p>The Board was reminded that all actions were summarised in one action plan, included as Appendix 1, and noted that as at 8 November 2022, 88% of actions from the first Ockenden Report had been 'delivered' (with 81% of those 'evidenced and assured') and 49% of actions had been 'delivered' from the final report (with 35% 'evidenced and assured').</p> <p>The Board of Directors noted and took assurance from the information contained within the report.</p>	
242/22	<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 31 January 2023, 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>	
243/22	<p>Board Assurance Framework (BAF) – Draft Q2 2022-23</p> <p>The Board of Directors received the report from the Director of Governance and Communications, which was taken as read.</p> <p>The Board considered that the BAF content and risk scores reflected the strategic risks within the organisation and approved the Quarter 2 BAF for 2022/23.</p>	
244/22	<p>Risk Management Report – Q2 2022-23</p>	

	<p>The Board of Directors received the report from the Director of Governance and Communications, which was taken as read.</p> <p>The Board was pleased to note that since publication of this paper, the number of >15+ risks had now reduced to 94, and the aim was to have 90 risks by the end of March 2023.</p> <p>In response to a query from the Chair on any themes arising from the top risks that were not aligned with the BAF risks, Ms Milanec confirmed that IT was one such theme, with some people reporting issues with legacy IT systems through the Risk Management Committee.</p> <p>Ms Edwards queried what plans there were for a corporate risk register and Ms Milanec advised the Board of plans for the recruitment of a substantive risk manager, which she acknowledged had also been a limiting factor to date in risk showing as off track in the Getting to Good Plan. Ms Milanec also highlighted the requirement for the Board to review its risk appetite, which was proposed for February/March 2023.</p> <p>In response to queries from Mr Dhaliwal, Ms Gallimore confirmed that the Trust had purchased additional IT tools that aligned to its asset register, providing the ability to track all devices and identify and manage risks. Ms Milanec invited Mr Dhaliwal to discuss his control register query with her offline.</p> <p>The Board noted and took assurance from the report.</p>	
245/22	<p>Incident Overview Report</p> <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.</p> <p>The Board was referred to the detail in the report, which was taken as read.</p> <p>The Board acknowledged that bed occupancy reporting was not aligned with actual occupancy, which it had understood from Ms Biffen at the previous meeting was an administrative process issue. Ms Biffen was invited to bring a plan to address this issue to the Board meeting in February 2023.</p>	ACOO
246/22	<p>Audit and Risk Assurance Committee (ARAC) Report</p> <p>The Board of Directors received the report from the Committee Chair, Prof Purt.</p> <p>The Board was referred to the detail in the report, which was taken as read, noting that Ms Edwards' role title, as detailed within the report, required amendment.</p>	

	<p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p>	
247/22	<p>Quality & Safety Assurance Committee (QSAC) Monthly Report</p> <p>The Board of Directors received the report from the previous Committee Chair, Dr Lee, which was presented by Ms Edwards, the new Committee Chair.</p> <p>The Board was referred to the detail in the report, which was taken as read.</p> <p>Referring to the 'Alert' section of the report, Mrs Boyode acknowledged the current significant assurance gap in staff Disclosure and Barring Service Checks, and, whilst accepting this was not good enough, she confirmed that this position was mirrored within other Trusts nationally. Status reports would continue to be submitted to QSAC, and Mrs Flavell added that this issue was also being tracked by the Safeguarding Assurance Committee.</p> <p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p>	
248/22	<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.</p> <p>Referring to the 'Alert' section of the report, in relation to the development of the CDC, Ms Biffen advised the Board that whilst the Trust was no longer able to have a mobile MRI scanner at this time, it would be possible to have a static scanner, which would need to be staffed by the Trust. Ms Biffen highlighted that until the Trust could secure a static scanner, the impact upon operational diagnostic delivery would be significant. Mr Lee added that this issue had recently been reinforced with NHSE.</p> <p>The Board of Directors noted the report, and took assurance from the ongoing monitoring activity by the Committee.</p>	
249/22	<p>Board Listening and Learning by Genba methods</p> <p>The Board of Directors received the report from the Director of People & OD, detailing the reflections from Genba Walks which had taken place on 7 November, in the Surgical Assessment Unit RSH, and the Palliative and End of Life (PEOLC) team, which was taken as read.</p> <p>The Chair advised the Board that conversations had recently taken place with executive colleagues on the future format of Genba Walks,</p>	

	<p>as they were not currently fulfilling their required ambition under the governance framework. As a result, from next year, there would be a two-way split of activity. This would take the form of a programme of Board assurance visits, and in parallel, the development of a more robust Genba process which would no longer be a Board process.</p> <p>The Board of Directors noted the forthcoming changes, and looked forward to receiving further details of the programme of Board assurance visits.</p>	
BOARD GOVERNANCE		
250/22	<p>Scheme of Reservation & Delegation (SoRD), Standing Financial Instructions (SFIs) and Standing Orders (SOs) – Annual Review</p> <p>The Board of Directors received the report from the Director of Governance and Communications, and the Chair thanked Ms Milanec for the informative way in which the paper had been written.</p> <p>Ms Milanec advised the Board that all documents had been reviewed to ensure they correlated and aligned with each other, and that legal advice had been taken on changes to legislation, which had been reflected in the documents. Additionally, the revised documents had been reviewed against the new Code of Governance for NHS Trusts.</p> <p>Mrs Barnett raised a terminology query around sub-committees and joint committees of the Board, and it was agreed that there should be clarity included in the documents to reflect that any committees with clearly designated responsibilities were Board Committees, and sub-committees were occasional time limited sub-committees which may be created by Board Committees. Ms Milanec would review all documents to ensure the above differences were reflected where necessary.</p> <p>The Board of Directors approved the updated SoRD, SFIs (including the authorisation limits at Appendix A) and SOs, subject to any amendment following the above review, and noted that one version of the authorisation limits table would be retained within the SFIs and not within the SoRD, as it had historically been held within both documents. Ms Milanec confirmed that all Board members would receive clean electronic copies of all documents once finalised.</p>	
251/22	<p>Appointment of Senior Independent Director (SID)</p> <p>The Board of Directors received the report from the Director of Governance and Communications, detailing a recommendation from the Chair for the Board to approve the appointment of Mrs Boughey to the role of Senior Independent Director (SID) and Non-Executive Director (NED) lead for Doctor Case Management, following the departure of Dr Lee.</p> <p>The Board of Directors was pleased to approve the appointment of Mrs Boughey as detailed above.</p>	

REGULATORY AND STATUTORY REPORTING	
252/22	<p>Bi-Annual Staffing Report 2022-23</p> <p>The Board of Directors received the report from the Director of Nursing, which was taken as read.</p> <p>Mrs Flavell advised the Board that the national team was providing very useful support with the complex data collection requirements for the next census period.</p> <p>The Board of Directors noted the report and took assurance from the information provided.</p>
253/22	<p>Guardian of Safe Working (GoSW) Annual Report 2022-23</p> <p>The Acting Medical Director presented the report on behalf of Dr Bridget Barrowclough, the Trust's GoSW, who was unable to join the meeting.</p> <p>The report was taken as read, and Dr Jones referred to the work underway by the Medical People Services team on the introduction of live rostering throughout the Trust. It was noted that this remained a recommendation of the GoSW, to allow the provision of purposeful assurance to the Board regarding the safe working of all doctors at all times.</p> <p>The Board of Directors noted the report, with thanks in absentia to Dr Barrowclough.</p>
PROCEDURAL ITEMS	
254/22	<p>Any Other Business</p> <ul style="list-style-type: none"> • Ms Milanec advised the Board that the Trust had recently received its first request for information from the National Covid Enquiry. This was currently being prepared, for submission before the end of December 2022. • The Chair referred to approval by the Board in its earlier private session of a forthcoming move to bi-monthly Board meetings in public, to take effect from February 2023. Dr McMahon clarified that it was considered that the Board had now reached an appropriate stage of governance maturity and performance for this change to take place, noting that this mirrored the actions of the ICS who already held bi-monthly Board meetings. Assurance was provided that the Board would still be receiving information on a timely basis through its committee structure, and monthly Board meetings in private session would continue, to enable urgent matters to be dealt with on a timely basis. <p>There were no further items of business.</p>

255/22	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Board of Directors was scheduled for Thursday 9 February 2023, commencing at 13.00hrs.</p> <p>The meeting would be live streamed to the public.</p>	
STAKEHOLDER ENGAGEMENT		
256/22	<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