

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

Thursday 9 February 2023
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
Ms R Edwards	Non-Executive Director
Mrs H Flavell	Director of Nursing
Prof J Green	Associate Non-Executive Director
Dr J Jones	Medical Director
Prof T Purt	Non-Executive Director
Mrs H Troalen	Director of Finance
IN ATTENDANCE	
Ms R Boyode	Director of People and Organisational Development
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 (for Item 014/23)
Dr B Barrowclough	Guardian of Safe Working (for Item 021/23)
Mr N Harries	NHSE Improvement Director
Ms B Barnes	Board Secretariat (Minutes)
APOLOGIES	
No apologies received	

No.	ITEM	ACTION
PROCEDURAL ITEMS		
001/23	<p data-bbox="316 219 917 257">Welcome, Introductions and Apologies</p> <p data-bbox="316 293 1294 367">The Chair was pleased to welcome all those present, and observing members of the public joining via the live stream.</p> <p data-bbox="316 403 1294 512">Dr McMahon additionally extended a warm welcome to Mr Nye Harries, NHSE Improvement Director, who would be observing today's meeting.</p> <p data-bbox="316 548 1294 622">Colleagues' attention was drawn to the following Board membership changes:</p> <ul data-bbox="316 658 1294 1176" style="list-style-type: none"> • Ms Rosi Edwards had been appointed as a full Non-Executive Director (NED) from 18 January 2023, and was also now the Chair of the Quality and Safety Assurance Committee (QSAC); • As this would be Prof Julie Green's final Board meeting, the Chair expressed her thanks on behalf of the Board for Prof Green's valuable contribution during her time as an Associate NED (A.NED), in particular her expertise in the role of Board Maternity and Neonatal Safety Champion. It was noted that Prof Green would continue in this role for the remainder of February, pending the recruitment of a new A.NED, whom it was hoped would be joining the Board from 1 March 2023; and • Dr McMahon extended the Board's formal congratulations to Dr Jones on his recent appointment from interim to substantive Medical Director. <p data-bbox="316 1211 788 1249">No apologies had been received.</p>	
002/23	<p data-bbox="316 1288 480 1326">Staff Story</p> <p data-bbox="316 1361 1278 1471">The Director of People & OD introduced a video, featuring a young person who had participated in the Government KickStart scheme, aimed at supporting unemployed 18-24 year olds into employment.</p> <p data-bbox="316 1507 1278 1617">The storyteller described his journey, participating in the KickStart scheme, his perception of the NHS, and his experience of working with the Therapies Team.</p> <p data-bbox="316 1653 1278 1874">Having only ever previously worked in temporary and agency jobs, which were not public facing, the storyteller was supported by the Therapies Team to develop employability skills, which he achieved in a very short period of time. The skills he developed, ultimately led to him securing substantive employment with the Trust, within the Therapies Department.</p> <p data-bbox="316 1910 1278 2058">The Board of Directors was pleased to note this inspiring story, and took assurance from the valuable work being undertaken within Widening Participation to improve understanding of generational needs and offer more flexibility in ways of working, to secure a</p>	

	sustainable pipeline of locally invested young people to meet the future needs of NHS services.	
003/23	<p>Quorum</p> <p>The Chair declared the meeting quorate.</p>	
004/23	<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>	
005/23	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 8 December 2022 were approved by the Board of Directors as an accurate record, subject to the minor addition shown in bold below to paragraph 7 of Item 240/22, CNST Year 4 Progress Report:</p> <ul style="list-style-type: none"> • ‘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 at the time of reporting’. 	
006/23	<p>Action Log</p> <p>The Board of Directors reviewed the action log and noted the following:</p> <ul style="list-style-type: none"> • Actions 14 and 16 – verbal feedback would be provided under the subsequent Matters Arising agenda item. Closure of both actions agreed. • Action 15 – a report to Board on the findings and actions from the work commissioned to review all previous maternity reports (in line with the plan agreed as part of the discussion related to Ms Scolding’s report) would be presented at the April 2023 meeting in public, as previously agreed with the Chair <p>No further actions were listed for review.</p>	
007/23	<p>Matters arising from the previous minutes</p> <ul style="list-style-type: none"> • Review of patient letters (Action Log No 14): Ms Biffen reported that a Task & Finish Group had met on four occasions to review the content, clarity and tone of 750 different patient letters. Work was ongoing to streamline and consolidate, and consider tone of voice, with a view to optimising communication with patients. Action closed on Board action log. • Administrative process issue related to the alignment of bed occupancy reporting with actual occupancy reporting (Action Log No 16): Ms Biffen confirmed that the move of daily reporting time 	

	<p>to 0800hrs would ensure reporting was better aligned going forward. Action closed on Board action log.</p> <ul style="list-style-type: none"> • CNST Year 4 Progress Report (Item 240/22): the Director of Nursing was pleased to confirm that the Trust's CNST submission had been made on 5 February 2023, with the declaration that all 10 safety actions had been met. The Chair thanked all those involved for their extensive work to ensure compliance with all safety actions, acknowledging the emphasis on safe maternity services which this demonstrated. • Health and Safety Management Policy (Item 237/22): following Board approval for use of the policy on an 'interim' basis, with the assurance that this would be received at the QSAC meeting in December, it was confirmed that the policy had been received at QSAC and accepted with very minor changes. 	
REPORTS FROM THE CHAIR AND CHIEF EXECUTIVE		
008/23	<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, the system and the wider NHS, and expressed her thanks, on behalf of the Board, to all Trust colleagues for their continued dedication to minimise the level of risk to patients • Dr McMahon reported on her continuing walkabouts and visits across the Trust. She highlighted in particular her recent PRH and RSH Chaplaincy Team visits, during which she heard with great interest of the team's ambition for integrated future pastoral care to encompass a system-wide and community-based approach. <p>The Board of Directors noted the report.</p>	
009/23	<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		
010/23	<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 November and December 2022.</p> <p>Executive Summary</p> <p>Mrs Barnett referred the Board to the detail contained within this section of the report, highlighting that December was an incredibly</p>	

challenging month for the organisation, given the ongoing pressures across the system.

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 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.

The following discussion took place on quality more broadly:

- Noting that research and development would be a key strand within the Trust's clinical strategy, it was agreed that more could be done in reporting these opportunities, and the involvement of patients, to the Board. Dr Jones took an operational action to consider future reporting, including a potential Patient Story.

Mrs Flavell took an operational action, following a query from Mr Dhaliwal, to feed back via QSAC on any theme or pattern of complaints linked to community demographics.

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 continued pressures being experienced and actions being taken to improve, as detailed within each reporting category.

Ms Biffen additionally highlighted that national funding had been received for an ambulance receiving area at PRH, which would have nine cubicle spaces, located outside of A&E but supported by A&E staff.

Mrs Biffen also responded to the following queries on discharges from Non Executive Directors:

- The increase in length of stay for Powys patients was due to the ongoing issues with lack of access to community services and support
- Work continued with local authorities to explore any improvements that could be made, noting that limited variable results were being seen in the provision of community and social services support

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.

	<p>Mrs Boyode drew the Board’s attention in particular to the continued high level of bank and agency usage, as a result of high levels of escalation. She provided assurance that significant effort had been made to ensure that the Trust remained compliant on the use of agency workers in line with agency rules by NHS England, and that collaborative work continued between teams to be able to support the operational delivery required by the Trust whilst making progress through the workforce efficiency programme.</p> <p>Confirmation was also provided, in response to a query from Mr Dhaliwal on agency staffing assumptions for the remainder of the financial year, that detailed assessment had taken place on what substantive, bank and agency staffing levels were required based on activity assumptions.</p> <p>Well Led: Finance Summary</p> <p>The Director of Finance referred the Board of Directors to the full detail contained within this section of the report, which was taken as read.</p> <p>Discussion took place on the year-to-date deficit of £33.610m at Month 9, noting that this represented £17.49m adverse to the draft plan for 2022/23, which had been submitted for a deficit of £19.135m.</p> <p>The Board noted that the deficit position was driven predominantly by the opening of unfunded escalation areas in order to mitigate ambulance delays, medical staffing premium, enhanced bank rates which were required to ensure cover due to sickness absence and vacancies, and continued Covid-19 costs. The most material of these was the unfunded escalation.</p> <p>The Board of Directors noted the Integrated Performance Report.</p>	
011/23	<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 the ongoing considerable rigor and scrutiny around the G2G programme.</p> <p>With regard to the one project reported as off track in the period, Theatre Productivity, Ms Biffen advised the Board of the mitigating actions which were underway to address the impact of emergency escalation, and staffing level issues.</p> <p>The Board of Directors noted the report.</p>	
012/23	<p>Quarterly Report from the Director of Infection Prevention & Control (IPC)</p>	

	<p>The Board of Directors received the report from the Director of Nursing, providing an overview of the IPC key metrics for Quarter 3 2022/23, which was taken as read.</p> <p>Mrs Flavell additionally advised that the Root Cause Analysis (RCA) process had been completed following the MRSA bacteraemia reported in the Women and Children's Division in December 2022, with learning identified and IPC processes strengthened as a result.</p> <p>The Board of Directors noted the report.</p>	
013/23	<p>Quarterly Public Participation Report</p> <p>The Board of Directors received the report for Quarter 3 of 2022/23 from the Medical Director, Strategy & Partnerships, which was taken as read.</p> <p>The following points were discussed:</p> <ul style="list-style-type: none"> • Colleagues were pleased to note that the Young People's Academy was thriving, with all quarter 3 participants (aged 16-22) expressing a wish to pursue a career in health care • Highlighting the importance of progression from volunteer to recruitment, Mr Steyn took an operational action for progress to be included in future reports • In response to a query within section 5 of the cover report, relating to the risk of staff not having the skills or confidence to engage with our communities, Mr Steyn took an operational action to investigate the availability of the stated online training module and manager resource pack • Colleagues noted that the next Public Assurance Forum (PAF) would take place on 3 April 2023 • Mr Lee thanked the Public Participation Team, and members of the community, for their ongoing engagement, and emphasised the Trust's commitment to maintaining ongoing dialogue. <p>The Board of Directors noted the report, and was referred to the full Quarter 3 report contained within the supplementary information pack, for further detail.</p>	
ASSURANCE FRAMEWORK		
014/23	<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 Ms Lawrence, Director of Midwifery.</p> <p>Colleagues were referred to the detail contained within the report, which was taken as read, noting that the work to address the outstanding actions from both Ockenden reports continued with energy and commitment.</p>	

	<p>The Board of Directors took assurance from the information contained within the report, and approved the proposal that future versions would be reformatted, from April 2023 onwards, to incorporate the requirements of a Local Action for Learning (LAFL) from the final Ockenden report. This stated that the Board must review the progress of the maternity improvement and transformation plan every month. It was noted that the revised format would enable the Board to have oversight of the totality of the Maternity Transformation Programme work, of which the Independent (Ockenden) Maternity Review (IMR) actions were a part. Confirmation was provided that the report would be received at QSAC, as a committee of the Board, in each intervening month, and any items would be escalated in a timely manner if appropriate.</p> <p>It was further noted that the monthly Ockenden Report Assurance Committee (ORAC) would be received at the public bi-monthly Board meeting from April 2023 onwards.</p>	
015/23	<p>Incident Overview Report</p> <p>The Board of Directors received the report from the Director of Nursing and Medical Director, 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>Non Executive Directors sought assurance from the executive on the mitigating actions being taken with regard to the recent high volume of Datix reports, and the reported resulting difficulty in sustaining progress with overdue incidents. Dr Jones provided the following assurance on the governance process:</p> <ul style="list-style-type: none"> • Although a backlog was being reported, all Datix continued to be reviewed on a daily basis • A defined escalation process existed for moderate/severe harm • Outside of that process, responses were provided based on identified themes, and incorporated into education and training • The importance was acknowledged of maintaining a reporting culture and providing feedback in a timely manner. <p>The Board of Directors noted and took assurance from the report.</p>	
016/23	<p>Board Assurance Framework (BAF) – Draft Q3 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 the following:</p> <ul style="list-style-type: none"> • whether the BAF content and risk scores reflected the strategic risks within the organisation; 	

	<ul style="list-style-type: none"> • whether there was evidence of successful management of the risks and if actions were being progressed in a timely manner; and • whether the Finance and Performance Assurance Committee (FPAC) should continue to oversee BAF risk 11 or if there was merit in direct Board oversight of this risk. <p>Additionally, in response to a proposal from Dr Jones and Mrs Flavell to merge BAF risks 1 and 2, Mrs Barnett clarified that the Trust's strategic objectives and BAF would be reviewed for 2023/24, and it would therefore see, logical to wait until that point, rather than make any changes in quarter 4 of 2022/23.</p> <p>Mr Lee offered his support, as the owner of BAF risk 11 and a member of FPAC, with the continued oversight by the Committee, which was acknowledged and agreed.</p> <p>The Board of Directors approved the Quarter 3 BAF for 2022/23, including the overseeing committee change for BAF risk 7a from FPAC to the Audit and Risk Assurance Committee (ARAC), and the reduction in the current risk score of BAF risk 13 (from 16 to 6).</p>	
017/23	<p>Risk Management Report – Q3 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>Ms Milanec reminded colleagues of the aim to achieve a KPI of below 90 risks by the end of March 2023. The Board was additionally advised of recent and pending appointments to the roles of Risk Assistant and Head of Risk respectively, and assurance was provided that the closure of overdue risks would be a focus for the team once fully established.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
018/23	<p>Quality & Safety Assurance Committee (QSAC) Monthly Reports</p> <p>The Board of Directors received the reports of the December and January meetings from the Committee Chair, Ms Edwards.</p> <p>The Board was referred to the detail in the reports, which were taken as read.</p> <p>Discussion focused on the section of the reports covering 'Actions to be considered by the Board' and the following key points were noted:</p> <ul style="list-style-type: none"> • Oliver McGowan Training: the executive stressed that this was a large piece of work which needed to be completed to tight timescales. It was noted that progress would be reported through QSAC, with escalation to the Board for support with any critical issues or required interventions • Deep dive on the level of Cleanliness Team staffing: The Chair invited the Committee to reflect on the fact that deep dives should 	

	<p>be focused on mitigations and any required further reporting, rather than duplicating work of operational teams, and that the focus of any actions for Board consideration should therefore be in terms of assurance</p> <p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p>	
019/23	<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>The Board of Directors noted the report, and took assurance from the ongoing monitoring activity by the Committee.</p>	
REGULATORY AND STATUTORY REPORTING		
020/23	<p>How we Learn from Deaths Report Q1 & Q2 2022/23</p> <p>The Board of Directors received the report from the Medical Director, which was taken as read.</p> <p>Dr Jones advised colleagues of the consideration being given to the evolving format of the report, noting the request for focus on quality of care and avoidability.</p> <p>The Board of Directors noted the report.</p>	
021/23	<p>Guardian of Safe Working (GoSW) Report Q3 2022/23</p> <p>Dr Jones welcomed Dr Barrowclough, the Trust's GoSW, to present her Quarter 3 report, which was taken as read.</p> <p>Dr Barrowclough drew the Board's attention to the executive summary section of the report, highlighting that since the report was written she had been advised, following repeated previous requests, of the introduction of the long awaited medical rostering system. This was recognised as key in providing the data required, to enable the Board to receive purposeful assurance on rota compliance and the monitoring of safe working hours. It was noted that there would be a phased rollout of the system between March and August 2023, and the Medical People Services (MPS) team would be manually monitoring rota compliance in the meantime.</p> <p>Dr Barrowclough additionally advised the Board that she had recently tendered her resignation as the Trust's GoSW. She thanked Dr Jones, and the Board of Directors, for their support during her five year tenure in the GoSW role.</p>	

	<p>Dr Jones acknowledged, with sincere thanks, the remarkable job Dr Barrowclough had done during her tenure to bring issues relating to the hours Junior Doctors were working, and the stress they were under, without filter, to the attention of the Board. The Chair endorsed Dr Jones' comments, and relayed her appreciation, on behalf of the whole Board, for the huge commitment that Dr Barrowclough had demonstrated to the role</p> <p>Discussion followed on GoSW admin support issues, and levels of organisational engagement with Junior Doctors. Acknowledging the depth of conversation required, it was agreed that this would be taken offline by the executive, and brought back to a future Board meeting for progress and assurance.</p> <p>The Board of Directors noted the report.</p>	
BOARD GOVERNANCE		
022/23	<p>QSAC Updated Terms of Reference</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 and approved the QSAC Terms of Reference, noting that the new standard format had a focus on strategic assurance.</p>	
PROCEDURAL ITEMS		
023/23	<p>Any Other Business</p> <p>The Chair advised colleagues that from April 2023 onwards, the bi-monthly Board of Directors meetings in public would be moved to mornings, from 0930hrs–1330hrs.</p> <p>Dr McMahon further clarified that meetings would continue to be live-streamed to the public for the time being. Any future change to those arrangements would be announced in due course.</p> <p>There were no further items of business.</p>	
024/23	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Board of Directors was scheduled for Thursday 13 April 2023 from 0930hrs–1330hrs, and would be live streamed to the public.</p>	
STAKEHOLDER ENGAGEMENT		
025/23	<p>Questions from the public</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.	
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The meeting was declared closed.

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