

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

Thursday 13 April 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
Ms R Edwards	Non-Executive Director
Mrs H Flavell	Director of Nursing
Dr J Jones	Medical Director
Prof T Purt	Non-Executive Director
Mrs H Troalen	Director of Finance
IN ATTENDANCE	
Mr N Lee	Interim Director of Strategy & Partnerships
Ms A Milanec	Director of Governance & Communications
Ms I Robotham	Assistant Chief Executive
Mr N Harries	NHSE Improvement Director
Mr M Wright	Programme Director, Maternity Assurance
Ms B Barnes	Board Secretariat (Minutes)
APOLOGIES	
Mrs R Boyode	Director of People and Organisational Development
Mr R Dhaliwal	Non-Executive Director
Dr T Lyttle	Associate Non-Executive Director

No.	ITEM	ACTION
PROCEDURAL ITEMS		
026/23	<p data-bbox="316 219 914 255">Welcome, Introductions and Apologies</p> <p data-bbox="316 293 1295 365">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 1295 474">Colleagues' attention was drawn to the following Board membership changes:</p> <ul data-bbox="316 512 1295 734" style="list-style-type: none"> <li data-bbox="316 512 1295 584">• Dr McMahon extended a warm welcome to Ms Inese Robotham, who had recently joined the Trust as Assistant Chief Executive <li data-bbox="316 589 1295 734">• Dr Tim Lyttle had been appointed as an Associate Non-Executive Director (A.NED) from 1 March 2023, and had succeeded Prof Green in the role of Board Maternity and Neonatal Safety Champion. <p data-bbox="316 772 1295 844">Dr Lyttle was unfortunately unable to join today's meeting, and other apologies were also noted.</p>	
027/23	<p data-bbox="316 887 517 922">Patient Story</p> <p data-bbox="316 960 1281 1068">The Director of Nursing introduced a video, featuring a patient describing their experience of care in the Trust, which had involved emergency surgeries and extensive subsequent treatment.</p> <p data-bbox="316 1106 1281 1249">The storyteller described her journey, from emergency admission and surgeries, a number of weeks in the Intensive Care Unit, followed by several months within an acute medical ward environment.</p> <p data-bbox="316 1288 1281 1471">The story focused in particular on treatment of the patient's large abdominal wound, detailing the extensive work undertaken by the Tissue Viability Nurse Specialists in partnership with clinical teams to overcome significant challenges to reach the best possible outcome for the patient.</p> <p data-bbox="316 1509 1281 1693">Following four months of the equivalent of 27 hours of nursing time dedicated to the patient's wound care each week, she was transferred to a rehabilitation bed in the community before going home, and within approximately seven months the wound had fully healed.</p> <p data-bbox="316 1731 1281 1874">The Board of Directors was pleased to note this inspiring example of teams working collaboratively to support the storyteller's challenging recovery, and to hear of the patient's appreciation and confidence in the level of care she received.</p>	
028/23	<p data-bbox="316 1917 443 1953">Quorum</p> <p data-bbox="316 1991 895 2027">The Chair declared the meeting quorate.</p>	

029/23	<p>Declarations of Conflicts of Interest</p> <p>No conflicts of interest were declared that were not already declared on the Register, noting that the interests of the new Board members had been received.</p> <p>The Chair reminded the Board of Directors of the need to highlight any interests which may arise during the meeting.</p>	
030/23	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 9 February 2023 were approved by the Board of Directors as an accurate record.</p>	
031/23	<p>Action Log</p> <p>The Board of Directors reviewed the action log and noted a verbal correction made by the Chair to the wording of Action 15. It was agreed that the wording of this action would be changed, to reflect the wording in Appendix 1 of the Chair’s paper to Board in October 2022 with regard to the Scolding Report findings.</p> <p>Colleagues were reminded that Section 4.4.2 of Appendix 1 of the report read:</p> <p>‘The requirement for a gap analysis to ensure that the recommendations made in previous reports, as referenced within Ms Scolding’s report, have been, are being, or will be addressed by ongoing improvement plans; overseen by the Quality and Safety Assurance Committee (QSAC), with progress reported to Board’.</p> <p>The wording of the action would therefore be amended to reflect that QSAC would oversee this work, and provide an assurance summary report to the Board meeting in public, ie in addition to the regular monthly QSAC report.</p> <p>The Chair requested rapid confirmation of whether it would be plausible for QSAC to review the evidence in May, to determine if the summary report could be brought to the public Board meeting in June 2023. It was agreed, if that timeline was not achievable, that it would be received at the public Board meeting in August 2023.</p> <p>The Board of Directors agreed that the action should be left open until the summary report had been received at Board.</p> <p>No further actions were listed for review.</p>	<p>DoN / QSAC Chair</p>
032/23	<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		
033/23	<p>Report from the Chair</p>	

	<p>The Board of Directors received a verbal report from the Chair, which focused on a recent Care Quality Commission (CQC) briefing attended by Dr McMahon and Ms Milanec, to provide information on forthcoming changes to the CQC's single assurance framework.</p> <p>Whilst the framework would still focus on the services provided to patients, colleagues were advised that a change in the CQC's approach would take the form of ongoing assessment, via continual data reporting, and the 'lived experience', ie patient and staff feedback. Considerable emphasis would also be placed on partnership working.</p> <p>Noting that the framework was not yet complete, with further development and consultation to take place over the coming months, the Chair suggested that the Director of Nursing took an operational action to investigate the possibility of the Trust taking part in the CQC's planned pilot project.</p> <p>The Board of Directors noted the report, and awaited further developments with interest.</p>	
034/23	<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		
035/23	<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 January and February 2023.</p> <p>Executive Summary</p> <p>Mrs Barnett referred the Board to the detail contained within this section of the report, highlighting the challenges faced by continued industrial action. On a more positive note, there was improved performance in Urgent and Emergency Care (UEC) metrics, with greater flow through the Emergency Departments and from wards. The Trust also continued to reduce its cancer backlog, diagnostic delays, and the number of patients waiting over 78 weeks.</p> <p>Mrs Barnett referred to her executive colleagues, in order to provide more detailed information for the Board.</p> <p>Quality: Safety and Effectiveness and Caring & Experience</p> <p>The Board was referred by the Medical Director and Director of Nursing to the full detail contained within this section of the report.</p>	

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

The following queries were raised by Non-Executive Directors:

- Maternity – Trust non-achievement of the smoking rate at delivery target: Mrs Flavell reminded colleagues that this had previously been discussed at length at QSAC. The dependency on the effectiveness of interventions by the system-led Healthy Pregnancy Support Service (HPSS), in the context of the local demographic, was recognised as a limiting factor. Whilst the Trust recognised the benefits that an improvement in target achievement would deliver for the local population, and continued to do all it could to improve in this regard, it was noted that performance was consistent with other regions, who were also not reaching the challenging 5% government target
- Mortality outcome data – in response to a query on the length of time it took to receive Summary Hospital-level Mortality Indicator (SHMI) data, Dr Jones clarified that this was centrally collated and validated data, and the timescale for receipt was outside of the Trust's control. Colleagues were reminded that the Trust operated and monitored its own continuous learning from deaths process, and assurance was provided that, whilst useful as a benchmark against other organisations, the SHMI data was not relied upon as the Trust's main measure
- Complaints performance – in response to a query on the contribution which the Patient and Liaison Service (PALS) could potentially make in contributing to performance standard improvement in this area, Mrs Flavell took an operational action to give consideration to this from a responsiveness perspective, and to the potential benefit of presenting a quarterly PALS and Complaints report for scrutiny at QSAC

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 Ms Biffen addressed queries from Non-Executive Directors, in addition to covering activity and developments since the report was produced, as detailed below:

- The Trust ended the year with a significant improvement in its 78 week Referral to Treatment (RTT) backlog, with 53 patients waiting at the end of March 2023. Work continued to reduce this to zero by the end of April 2023
- Elective orthopaedics had been reinstated at PRH
- The footprint of the PRH Same Day Emergency Care (SDEC) was being extended, and work was due for completion at the end of June 2023
- Delays continued in colorectal, gynaecology and urology diagnoses and treatment, due both to insufficient imaging capacity, and non-compliance with Faecal Immunochemical Test

(FIT) testing in Primary Care. Additional mobile MRI and CT scanners would be arriving on site at the end of April 2023, to support cancer patients and RTT. Dr Jones advised colleagues that the FIT test was a simple and quick test which Primary Care and GPs could provide for many people experiencing particular bowel symptoms, which had a clear role to play in avoiding a considerable amount of stress and worry, by ensuring patients were referred onto the most appropriate care pathway, thus reducing the waiting time for a diagnosis for those who most need rapid treatment. It was noted that performance in Shropshire currently stood at under 30% against a national target of 80% by 1 April 2023. Assurance was provided that there was acknowledgement from the system of actions needed to improve on this low performance

- A trajectory of improvement in diagnostics was noted. Following a deep dive into diagnostics by NHSE, who had provided focused feedback, assurance was provided that it was expected the Trust would build on and improve the progress being made
- Ward flow improvement work continued, including the early stage development of Criteria Led Discharge, with pilot wards now open on each site
- The ongoing reliance on system partners to provide community and social services support continued to impact on the ability to improve Medically Fit for Discharge (MFFD) performance. Assurance was provided that the urgency of this issue was appreciated by all, and that this was one of the top priorities for the entire system. It was noted that the Trust enjoyed very good engagement in particular with the Shropshire Community Health NHS Trust (ShropCom), with the ongoing further strengthening of joint working, in addition to work with Local Authority colleagues
- Following receipt of national funding, the ambulance receiving area at PRH had opened the previous week, and an effectiveness review of this service was planned on both sites
- Mixed sex accommodation breaches were acknowledged as an ongoing issue due to significant capacity challenges. Close working continued with clinical and estates teams to overcome mixed sex scenarios, and assurance was provided that there were no mixed sex breaches on general wards
- Ms Biffen acknowledged that improvements were required in the Trust's Friends and Family Test performance, and she took an operational action to consider this further. Mrs Troalen highlighted that, following consideration of a business case to introduce an electronic SMS, a pilot had been agreed in the Emergency Department to understand what the learnings and outcomes would be if this were to be introduced across the organisation.

Well Led: Workforce Summary

The Chief Executive, in the absence of the Director of People & OD, referred the Board of Directors to the full detail contained within this section of the report.

The report was taken as read, and Mrs Barnett addressed queries from Non-Executive Directors, in addition to highlighting some key points, as detailed below:

- Work was underway to improve retention, noting that less turnover would lead to more workforce stability, which would be positive for the care of patients
- The Trust's increased health, wellbeing and hardship support offer for colleagues continued. Health and wellbeing metrics were being built into performance dashboards, for consideration with the same scrutiny as operational and financial performance, with a view to reducing levels of sickness absence, noting the impact of absence on performance
- With regard to the recent introduction of a Psychology Hub for colleagues, assurance was provided that there was an organisational line of sight on the use of this facility versus the investment involved. Additionally, anecdotal evidence was provided, whereby three out of the four Divisions brought stories to the most recent monthly Performance Review Meetings with the Executive, endorsing the invaluable impact the facility was having in helping to retain staff
- Assurance was provided that vacancies were consistently under review, to ensure advertised roles were still required. Conversely, the challenges were noted of recruiting into some clinically critical roles, which reflected the national position. Mrs Troalen added that a Vacancy Control Panel had recently been established to support managers in asking the right series of questions to validate recruitment need
- In response to a query on whether the capacity and cost effectiveness of the Trust's internal recruitment team had been validated, assurance was provided that Mrs Boyode had undertaken a comprehensive review of all teams within her Directorate, together with the introduction of in-house measures and process improvement trajectories to improve recruitment timelines
- Finally, Dr Jones and Ms Biffen provided assurance to the Board on the superb engagement of all teams in response to the current unprecedented challenges being faced by the Trust, with Dr Jones expressing his comfort that patients were being looked after effectively as a consequence of the extensive improvement work underway within Workforce. The Chief Executive asked that the executive relay her thanks to colleagues for their levels of engagement and all that they are doing. This request was endorsed by the Chair on behalf of the Board.

Well Led: Finance Summary

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>Colleagues' attention was drawn to the downturn in agency spend in February, noting that this was linked both to unit price and focused engagement by teams with the market.</p> <p>Assurance was provided that the Trust continued to be on track to deliver the revised forecast outturn deficit of £47.21m, and Mrs Troalen stated her confidence that the capital spend target would be achieved.</p> <p>The Board of Directors noted the Integrated Performance Report.</p>	
036/23	<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 advised colleagues that future G2G reporting would be moving to the methodology used for the Maternity Improvement Programme, which had already been extensively adopted across the organisation, recognising the detailed rigor of that format.</p> <p>Assurance was provided on the effective response to risk by teams, with recognition that there would be more maturity in some programmes than others in line with the level they were embedded within the organisation. Additionally, the executive expressed their confidence that there was sufficient diversity within the teams, with the right mix of plans and implementations.</p> <p>The Board of Directors noted the report.</p>	
037/23	<p>2023-24 Quality Priorities</p> <p>The Board of Directors received the report from the Director of Nursing, which was taken as read.</p> <p>Board approval was requested for the Trust's quality priorities for 2023-24, based around the three Quality Strategy domains of Safe, Effective and Patient Experience; and the eight overarching quality priorities within the strategy.</p> <p>Colleagues noted that the 23 priority workstreams for 2023-24 were based around known areas of risk, themes from the regulatory compliance workstream, and the requirement to implement the NHS Patient Safety Strategy.</p> <p>Recognising during subsequent discussion that the detail required refining, and noting there were a number of incorrect references throughout the report to 2022-23 instead of 2023-24, the Board of Directors approved the 2023-24 Quality Priorities. This was with the caveat that the refined and revised report would be presented at QSAC, with date errors corrected.</p>	DoN
038/23	<p>Digital Report</p>	

	<p>The Board of Directors received the report from the Director of Finance, which was taken as read.</p> <p>The following points were raised in subsequent discussion:</p> <ul style="list-style-type: none"> • The Chair expressed her personal thanks for the amount of work undertaken to date by the Letters Task & Finish Group, which had been established in December 2022 to review patient appointment letters. Ms Biffen took an operational action to review offline several queries from Ms Milanec relating to Plain English, disability and equality considerations • Reporting on progress of the extensive Electronic Patient Record (EPR) programme, Mr Lee advised that NHS Digital regional experts had been asked to look at lessons learned from previous implementations which, in addition to valuable lessons learned from other Trusts, were being fed into the revised plan and approach for the CareFlow implementation. It was noted that the programme remained on track for an October go-live, although technical delays had been experienced, with the allocation by System C of additional resource to focus on resolution ahead of the first testing cycle <p>The Board of Directors noted the report.</p>	
--	--	--

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

039/23	<p>Ockenden Report Action Plan Progress Report</p> <p>The Board of Directors received the report from the Director of Nursing.</p> <p>Colleagues were referred to the detail contained within the report, which was taken as read.</p> <p>Discussion took place on the future format of the report, 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, of which the Independent (Ockenden) Maternity Review (IMR) actions were a part. The Chair requested that Mrs Flavell and Ms Edwards consider the format of an appropriate report to QSAC, and recommend how QSAC should in turn report to Board from June 2023 onwards, to allow the Board to gain effective assurance, ie consider whether the Committee Monthly Summary Report would be sufficient or whether a separate succinct summary report was required.</p> <p>Due to the size and complexity of the Maternity Transformation Programme (MTP), it was recommended that an educational event be arranged for NEDs, the Executive (if required), the system and maternity colleagues, to aid their greater understanding of the MTP and Maternity Improvement Programme (MIP). Mrs Flavell agreed to</p>	<p>DoN / QSAC Chair</p>
--------	--	--

	<p>broaden the audience of a bespoke session which had already been offered to regional colleagues, and a suitable date would be arranged.</p> <p>Colleagues' attention was drawn to the new 'de-scoped' descriptor, which had been adopted for Ockenden actions which were not in the Trust's direct control. Mrs Flavell provided assurance that whilst this descriptor was recognised as established project management methodology, it did not mean that the Trust was no longer engaging with national and regional colleagues who had responsibility for these actions, in terms of driving improvements forward. It was noted additionally that the Maternity Voices Partnership (MVP), who were heavily involved in the MTP, had agreed with the descopeing proposition, and Dr McMahon confirmed that all Ockenden actions continued to be reviewed in detail at the Ockenden Report Assurance Committee (ORAC).</p> <p>The Board of Directors noted and took assurance from the report.</p>	DoN
040/23	<p>Ockenden Report Assurance Committee (ORAC) Reports</p> <p>The Board of Directors received the reports of the ORAC meetings of January and February 2023 from Dr McMahon as Co-Chair of the Committee, which were taken as read.</p> <p>Colleagues were advised that as the Committee would have completed its cycle of thematic review by July 2023, it was proposed to move to bi-monthly ORAC meetings, whilst still continuing with the cycle of themes.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
041/23	<p>Incident Overview Report</p> <p>The Board of Directors received the report from the Director of Nursing.</p> <p>The Board was referred to the detail in the report, which was taken as read.</p> <p>Dr Jones drew colleagues' attention to the serious incidents relating to a delay in diagnosis of testicular torsion. Assurance was provided that initial substantial educational work had been undertaken to support nursing and junior medical staff to explore torsion as a potential diagnosis when children/young men present with abdominal pain.</p> <p>Acknowledging the reduction in the numbers of overdue datix reports, NEDs sought assurance from the executive of the effectiveness of the level and manner of engagement with staff who had submitted datix reports. Mrs Flavell acknowledged there was potentially more that could be done, in addition to the current thematic feedback, and took an operational action to revisit a previously proposed pulse survey, to</p>	

	<p>encourage a continuous reporting culture, in addition to investigating the possibility of auto-acknowledgement and individual feedback.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
042/23	<p>Learning from Deaths Quarter 3 2022-23 Report</p> <p>The Board of Directors received the report from the Medical Director, which was taken as read.</p> <p>Dr Jones drew colleagues' attention to the following key points:</p> <ul style="list-style-type: none"> • There were approximately twice as many deaths in the RSH Emergency Department in Q3 of 2022-23 compared to the previous year, with a similar pattern at PRH. The reasons for this were being explored by the LFD team. It is known that a significant number of these deaths were patients who were brought into hospital having had a cardiac arrest in the community. Clarity is needed on what impact long stays in the ED have on place of death as well as impact on care • Insufficient Structured Judgement Reviews (SJRs) were completed in Q3 which limited the data available for analysis. In response to a query from the Chair, Dr Jones confirmed that being involved in a systematic approach to learning following a death or other incident was an important method of learning for doctors, and the importance of this would be emphasised in the evidence expected for appraisal and revalidation. This had been included in the internal CPD programme for doctors. There were also plans for increasing the clinical staffing of the LFD team to increase the number of SJRs being carried out • An external peer review of the quality of the Trust's SJRs was undertaken by NHSE in December 2022, and the formal report subsequently received did not highlight any concerns or potential areas for improvement that the Learning from Deaths team had not already identified and started to address. <p>The Board of Directors noted and took assurance from the report.</p>	
043/23	<p>Board Assurance Framework (BAF) – Draft Q4 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 content reflected the strategic risks within the organisation, and if the risk scores were appropriate • whether there was evidence of successful management of the risks and if actions were being progressed in a timely manner; and • whether to support the decision of QSAC that BAF risk 13 should be closed on 31 March 	

	<p>Prof Purt reported that there had recently been a discussion at the Audit & Risk Assurance Committee (ARAC) regarding the management of risks and whether actions were being progressed in a timely manner, in the context of 32 live Internal Audit (IA) recommendations, of which nearly two thirds were overdue. It had therefore been proposed by the Committee that the IA reviews were shared with Assurance Committee Chairs going forward. This was supported both by the Chair of QSAC and the Chief Executive, noting that it triangulated risks the Committees would be sighted on.</p> <p>For balance, Prof Purt was pleased to make the Board aware that ARAC had received sight of the Head of Internal Audit Opinion, and the Trust had achieved 'substantial assurance'. The Director of Finance confirmed that this and all associated reporting would formally be received at Board in July/August 2023.</p> <p>The Board of Directors approved the Quarter 4 BAF for 2022/23, and supported the decision of QSAC to close down BAF risk 13.</p>	
BOARD GOVERNANCE		
044/23	<p>Remuneration Committee Terms of Reference</p> <p>The Director of Governance and Communications requested that this paper be withdrawn from the agenda of today's meeting, as there were some points of detail that still required review and refinement.</p> <p>The Chair approved the request, and it was agreed that revised Terms of Reference would be presented for approval at the Board meeting in June 2023.</p>	DGC
045/23	<p>People & Organisational Development Committee 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>With regard to a query on whistleblowing and Freedom to Speak Up (FTSU), Ms Milanec clarified that whistleblowing sat within the ARAC ToRs, under the Committee's remit of fraud review and assurance, with the 'softer' elements under the remit of FTSU sitting under this, or other assurance committees, as appropriate. It was further noted that the FTSU Lead had a direct communication line to Board and was able to provide rich information to allow the triangulation of data.</p> <p>The Board considered and approved the Terms of Reference, with the caveat that some of the finer detail and structure would be considered offline over a short period.</p> <p>Noting that, with the exception of the Charity Corporate Trustee Terms of Reference, which would be reviewed shortly, this concluded the programme of refreshed Terms of Reference for the Committees</p>	DGC

	of the Board. The Chair thanked Ms Milanec for the work which had been carried out in this regard.	
PROCEDURAL ITEMS		
046/23	Any Other Business There were no further items of business.	
047/23	Date and Time of Next Meeting The next meeting of the Board of Directors was scheduled for Thursday 8 June 2023 from 0930hrs–1330hrs, and would be live streamed to the public.	
STAKEHOLDER ENGAGEMENT		
048/23	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.		