

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

Thursday 8 June 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 (<i>present until 12.00hrs</i>)
Ms R Edwards	Non-Executive Director
Mrs H Flavell	Director of Nursing
Dr J Rowlands	Deputy Medical Director (<i>representing Dr Jones, with voting rights</i>)
Prof T Purt	Non-Executive Director
Mrs H Troalen	Director of Finance
IN ATTENDANCE	
Mrs R Boyode	Director of People and Organisational Development
Mr N Lee	Interim Director of Strategy & Partnerships
Dr T Lyttle	Associate Non-Executive Director
Ms A Milanec	Director of Governance
Ms I Robotham	Assistant Chief Executive
Mr A Harris	Medication Safety Officer (<i>for agenda item 065/23</i>)
Ms A Lawrence	Director of Midwifery (<i>for agenda items 063/23 and 072/23</i>)
Mr M Wright	Programme Director, Maternity Assurance (<i>for agenda item 072/23</i>)
Ms B Barnes	Board Secretariat (Minute Taker)
APOLOGIES	
Dr J Jones	Medical Director

No.	ITEM	ACTION
PROCEDURAL ITEMS		
049/23	<p>Welcome, Introductions and Apologies</p> <p>The Chair was pleased to welcome all those present, including observing members of the public joining via the live stream.</p> <p>Apologies were noted.</p>	
050/23	<p>Patient Story</p> <p>The Director of Nursing introduced a video, featuring a member of staff describing their experience of care as a patient within the Trust, whilst receiving treatment over the last eight years.</p> <p>The storyteller shared her experience of care, the compassion with which she had been treated, and her observation of staff across the organisation.</p> <p>From a learning perspective, Mrs Flavell shared the actions which had been implemented following an issue the patient had reported with a locum consultant clearly not being familiar with her case history, which had been resolved immediately once she had made staff aware. Dr Rowlands provided assurance that locums would receive a comprehensive induction going forward to ensure they were embedded into the department in which they were working, and that skills match considerations would be factored in when considering the most appropriate placement. Noting that the locum referred to above no longer worked at the Trust, Mrs Boyode and Dr Rowlands agreed to reflect and discuss offline the provision of agency feedback, to mitigate any future risk to patient care.</p> <p>The Board of Directors was pleased to note that the storyteller had described her encounters throughout her treatment as professional, caring and trusted; and that partnership working with external stakeholders had ensured she was at the centre of her care, all of which were actively reflective of the Trust values.</p> <p>Following further discussion on the degree of patient, family and staff awareness of the services offered by the PALS and Complaints Team, the Chair suggested that it would be beneficial for a future staff story to be received at Board from the team, to clarify and promote the range of services that were available.</p>	DoN
051/23	<p>Quorum</p> <p>The Chair declared the meeting quorate.</p>	
052/23	<p>Declarations of Conflicts of Interest</p> <p>No conflicts of interest were declared that were not already declared on the Register.</p>	

	<p>The Chair reminded the Board that the previous manual submission of yearly declarations had now been replaced by a new electronic submission process on the Employee Portal (ESR). Any colleagues who had not yet submitted their declarations on ESR were asked to do so as soon as possible as they were now overdue.</p> <p>Finally, the Chair reminded colleagues of the need to highlight any interests which may arise during the meeting.</p>	
053/23	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 13 April 2023 were approved by the Board of Directors as an accurate record, subject to the following minor amendment:</p> <p>Reference to Medically Fit for Discharge (MFFD) within agenda item 035/23, IPR, to be amended to No Criteria to Reside (NCTR), in line with an NHS change in terminology.</p>	
054/23	<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 Log No 15 to remain open, until a summary report on the work to review all previous maternity reports, had been received by the Board at its August 2023 meeting in public, following oversight by the Quality & Safety Assurance Committee (QSAC) of the findings and actions • Action Log No 18, relating to the format of future Board reporting of maternity improvement and transformation plan progress (of which Ockenden actions were a part), to remain open, pending consideration by QSAC of the most appropriate reporting mechanism to allow the Board to gain effective assurance • Action Log No's 17, 19 20 and 21 to be closed, as the actions were confirmed as complete, or included on the agenda of this meeting. <p>No further actions were listed for review.</p>	
055/23	<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		
056/23	<p>Report from the Chair</p> <p>The Board of Directors received a verbal report from the Chair, in which Dr McMahon reflected on the Trust's Values Week and the activity taking place during the current week.</p> <p>On behalf of the Board, the Chair thanked all colleagues, particularly the Communications, People & OD, and Public Participation teams,</p>	

	<p>for their extensive work on the development and organisation of the diverse Values Week activities.</p> <p>Referring to the volunteers' tea party which had been held the previous day, colleagues recognised, with huge thanks, the astonishing role undertaken by the Trust's 300+ volunteers, who give up their time for free. Mrs Barnett added that she had a number of actions she would be taking forward from conversations at the tea party, recognising that the feedback volunteers can provide from their experiences of the organisation was incredibly helpful.</p> <p>Discussion also took place on the number of young people who have been provided with a career progression gateway through their time volunteering at the Trust, including the 'volunteers to careers' programme, the organisation's relationship with the Prince's Trust, which provided a link, amongst other options, to apprenticeships in corporate functions, and a number of other mechanisms. Mr Lee also highlighted that Mrs Clarke's Public Participation team meet monthly with volunteers, and provided support into a wide diversity of roles.</p> <p>The Board of Directors noted the report, and was pleased to acknowledge the valuable communication, learning and engagement opportunities Values Week was providing.</p>	
057/23	<p>Report from the Chief Executive</p> <p>The Chief Executive advised that she had no exceptional items 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>	
REPORTS FROM ASSURANCE COMMITTEE CHAIRS		
058/23	<p>The Chair introduced this section, by advising colleagues that the assurance committee reports had been moved to earlier in the meeting, on a trial basis, as part of a current review into the flow and effectiveness of Board meetings. Noting additionally that the QSAC and FPAC reports received were a summary of the meetings which had taken place at the end of April, it was agreed that report availability timings due to the current governance cycle, would be discussed offline.</p> <p>Quality & Safety Assurance Committee (QSAC) Report</p> <p>The Board of Directors received the report from the Committee Chair, Ms Edwards, and was referred to the detail in the report, which was taken as read.</p> <p>Referring to the 'Alert' section of the report in particular, Ms Edwards highlighted the following points:</p> <ul style="list-style-type: none"> • Due to extensive preparation, planning and commitment from Divisions, cover had been maintained during the Junior Doctors' industrial action to date, however the Board was alerted to the fact 	

	<p>that providing cover in this way was not sustainable if action continued</p> <ul style="list-style-type: none"> • With regard to safeguarding, the Trust continued to be unable to access the Midlands Partnership NHS Foundation Trust (MPFT) Rio electronic system, due to information governance issues. The Board was advised that the issues had been raised with MPFT and further work was ongoing • Dr Lyttle advised colleagues that other organisations across the system were also being impacted by information governance issues, and that similar concerns had been raised by community providers which ultimately led back to system issues with information sharing. The executive took an operational action to raise these issues with the ICS at varying appropriate levels <p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p>	
059/23	<p>Finance & Performance Assurance Committee (FPAC) Report</p> <p>The Board of Directors received the report from the Committee Chair, Mr Dahliwal, and was referred to the detail in the report, which was taken as read.</p> <p>Referring to the ‘Alert’ section of the report in particular, Mr Dhaliwal highlighted the discussion which had taken place on the levels of agency spend and run rate, and the resulting financial impact for the Trust.</p> <p>In this regard, Mrs Troalen advised the Board that the schemes currently in train had been risk adjusted, and she intended to bring a report to next month’s meeting to review overall progress against the operating plan.</p> <p>Mrs Boyode acknowledged the risk in meeting the Trust’s agency reduction plans caused by recruitment delays, and recognised the requirement for greater speed in both recruiting to vacancies, and retaining staff, to ensure delivery of safe care. In particular, joint working with system colleagues was recognised as key to a reduction in agency usage.</p> <p>Acknowledging the importance that access to a breadth of recruitment pipelines would have to trajectory delivery on agency spend, Mrs Flavell advised colleagues of the variety of pipeline activity underway, providing examples which included international recruitment in Dubai, and close engagement with local universities.</p> <p>The Board of Directors noted the report, and took assurance from the ongoing monitoring activity by the Committee.</p>	
060/23	<p>People & OD Assurance Committee (PODAC) Report</p> <p>The Board of Directors received the report from Dr McMahan, as Chair of the Committee.</p>	

	<p>The Board was referred to the detail in the report, which was taken as read, noting that the committee membership currently comprised of all Board members, and therefore colleagues had already been able to have detailed discussion on the items covered in the report.</p> <p>The Board's attention was drawn to the third bullet in the 'Alert' section of the report relating to potential breaches in medical staffing safe working hours as a consequence of locum shifts. Dr McMahon wished it to be noted that whilst, as stated, current data collection methods did not support effective visibility of this concern, which represented a risk in the short term, solutions were already in place with which the Trust's Guardian of Safe Working had confirmed she was satisfied.</p>	
061/23	<p>Ockenden Report Assurance Committee (ORAC) Reports</p> <p>The Board of Directors received the reports of the meetings of 28 March and 25 April 2023 from Dr McMahon, as Co-Chair of the Committee, which were taken as read.</p> <p>The Board noted and took assurance from the detailed input of maternity colleagues, families, key stakeholders, and the ongoing monitoring activity by the Committee</p>	
REGULATORY AND STATUTORY REPORTING		
062/23	<p>Bi-Annual Staffing Report</p> <p>The Board of Directors received the report from the Director of Nursing.</p> <p>The report was taken as read, and the following points were noted:</p> <ul style="list-style-type: none"> • Issues in relation to the application of the Safer Nursing Care Tool (SNCT) had been addressed since the last bi-annual staffing review, and the data now collected was more reliable in relation to the acuity and dependency of patients. Further census period(s) were required before recommendations could be made in relation to adjustments in establishments based on the SNCT • Work continued with regard to providing assurances in relation to Developing Workforce Safeguards, with an action plan in place to address the remaining gaps • The Director of Nursing and Medical Director have confirmed they are satisfied with the plans in place, and are moderately satisfied that staffing for nursing is safe, effective and sustainable. • The executive provided the following responses to queries from Mr Brown on recruitment and retention: <ul style="list-style-type: none"> ○ Mrs Boyode provided assurance that an ICS recruitment and retention strategy was in development and would be brought to Board as soon as possible this year, noting that this was recognised as a key direction of travel ○ With regard to flexible working, Mrs Boyode confirmed that the importance of this to colleagues had been recognised through staff survey feedback, and the Trust's flagship 	

	<p>programme continued to promote the opportunities available to line managers and staff, recognising there was more to do in this space</p> <ul style="list-style-type: none"> ○ Mrs Flavell highlighted the work underway on flexible recruitment, eg the option of different career pathways. There was also recognition of the need to provide a clear advance picture of, for example, health support worker role expectations, as well as a realistic achievement and development vision. <p>The Board of Directors noted and took assurance from the report.</p>	
063/23	<p>Bi-annual Maternity Safe Staffing Report</p> <p>The Board of Directors received the report from the Director of Nursing, who was joined for this item by Mrs Lawrence, Director of Midwifery.</p> <p>The report was taken as read, and the following points were noted:</p> <ul style="list-style-type: none"> • The Board's attention was drawn to the overview table in section 7.1 of the report, and Mrs Lawrence clarified that the 22.2 births to 1wte overall ratio was based on case mix over BirthRate+ assessment for all births over a three month period. There was some confusion from the Board over the way the numbers were represented, and the following assurances were provided: <ul style="list-style-type: none"> ○ The numbers within the types of care detailed within the table related to a mixture of both births and cases. Ultimately, the key information and area of focus for the Board was confirmed as the overall ratio for all births of 22.2 births to 1wte ○ There was no national standard or average, however a 1:28 basis had historically been used, with recognition that it was not appropriate in any event for the figures to be based on a national average, but should most appropriately be based on case data. It was clarified that midwifery staffing was complex and many factors needed to be taken into consideration, and the point was made that another organisation might have a different figure which would not be appropriate for this Trust • In response to a query from Mr Brown on the workforce plan, Mrs Lawrence confirmed that there was no issue with leavers, and clarified that the prime reason for the current unavailability rate was due to colleagues on maternity leave. She further highlighted that the attrition rate within maternity was due to the retirement of an ageing population of midwives, which was needing to be factored in from a workforce planning perspective • Ms Robotham made the observation that whilst the Bi-Annual Staffing Report presented by Mrs Flavell prior to this item contained a statement on Mrs Flavell and Dr Jones' level of satisfaction on safe, effective and sustainable staffing for nursing, 	

	<p>such a statement was not included in this report, and it would be helpful if an appropriate statement could also be included in future maternity staffing reports.</p> <p>The Board of Directors took assurance from and approved the report.</p>	DoN
064/23	<p>Learning from Deaths Q4 Report 2022-23</p> <p>The Board of Directors received the report from Dr Rowlands on behalf of Dr Jones.</p> <p>The report was taken as read, and the following key points were noted:</p> <ul style="list-style-type: none"> • The Board’s attention was drawn to references within the paper to initiatives to mitigate the risks from the completion of insufficient numbers of Structured Review Judgements (SJR), noting that one of these was the expansion of the team of multi-disciplinary SJR reviewers. Dr Rowlands confirmed that recruitment was planned for this month, with the aim of increasing SJR capacity as soon as possible • In response to a query from Dr Lyttle regarding the high number of deaths recorded in the Emergency Department (ED), confirmation was provided by Dr Rowlands that an assurance review into these deaths was currently being undertaken, to confirm whether the increased waits in ED was causing the issue, or whether deaths which would otherwise have happened on a ward were being recorded against ED rather than another part of the hospital. Dr Rowlands provided additional assurance that these cases were also discussed in detail at the weekly Rapid Action and Learning Improvement Group (RALIG). These meetings were attended by members of the system, to gain an understanding of any contributory factors as a result of the wider system picture She undertook to provide responses offline to further operational questions on the review from Dr Lyttle and Prof Purt • In response to a query from Mrs Boughey on progress with Medical Examiner recruitment, assurance was provided that recruitment was underway and the project plan for the Medical Examiner Service was progressing and on track. <p>The Board of Directors noted and took assurance from report.</p>	
065/23	<p>Annual Medication Safety Report 2022-23</p> <p>Dr Rowlands welcomed Mr Harris, the Trust’s Medication Safety Officer, to the meeting to present the report.</p> <p>The report was taken as read, and Mr Harris highlighted the following key themes:</p>	

- Medication related incidents: With regard to the 1493 medication related incidents, as detailed within Section 2 of the report, the Board was assured that although there had been an increase in incidents compared to previous cycles, this was due in part to additional categories being added within the reporting system in order to enable increased visibility and identification of themes, and of the developing open and honest reporting culture within the organisation. There had been no increase in the number of incidents rated as moderate harm or above when compared to previous review cycles.
- Medication related safety concerns and supply disruptions: Mr Harris advised the Board that the volume and severity of supply disruptions had increased and was expected to continue to do so. Disruptions often occurred with little or no advanced warning, with the potential to affect services and patient's safety. The Board was assured, however, that a resilient and robust approach was in place to react to each specific alert or disruption. Further assurance was provided that there had been no identified increases of incidents resulting from supply disruptions received into the organisation.
- Improvement work to tackle high numbers of omitted and delayed doses of medication: Assurance was provided to the Board of the following actions –
 - A working group had been established to explore patient pathways, from attendance in ED to post discharge from the organisation.
 - A review of training and education was underway to highlight risks of omitted medications.
 - Audits of current systems and policies to identify gaps and reviews of reported incidents to identify themes.
- The Board was alerted to the fact that the current paper-based prescribing and administration system did not support good management of medication when compared to electronic digital alternatives, and whilst the EPMA system was scheduled for 2024, it could not be implemented until the new EPR system was fully installed. Mr Lee would link with Mr Harris on any pre-work that could be undertaken to assist with the smooth future implementation.

In response to a query from the Chief Executive, Mr Harris confirmed that he felt very supported in his role, citing in particular the fantastic support he received from the Divisions. In terms of continual review, Mr Harris highlighted that, whilst there was a policy on the administration of medication, it did not feel embedded within the organisation. He was keen to build the policy content into clerking and admissions documentation, and to then build a structure to support individuals who were not compliant. Mrs Barnett encouraged Mr Harris to contact her or any member of the executive team if he required support with any issues or improvement initiatives at any time.

	<p>Dr Rowlands also shared with the Board the key role Mr Harris was playing, working with Dr Jones, on medication safety education and communication across the organisation.</p> <p>On behalf of the Board of Directors, the Chair thanked Mr Harris for his most insightful and interesting report, and for his clear commitment to improving patient safety.</p>	
066/23	<p>Freedom to Speak Up (FTSU) Guardian’s Annual Report 2022-23</p> <p>The Director of Governance, as the executive lead for FTSU, presented the report in the absence of Ms Turner, FTSU Lead.</p> <p>The report was taken as read, and the following key points were noted:</p> <ul style="list-style-type: none"> • The FTSU Lead was currently engaging with colleagues to investigate why there had been a slight reduction in the number of concerns raised across the Trust, although it was noted that this was reflective of the national position. Mrs Boyode highlighted the fact that there were many leaders across the organisation who had built trust to support colleagues with issues which may have previously gone to FTSU • As an example, and following an observation from Mr Brown that there had been a reduction in contact from midwives, Mrs Flavell responded that this was likely to be due to the introduction by the Director of Midwifery of regular face to face staff communication sessions over the last year. These provided an opportunity for colleagues to raise any issues or concerns, which would potentially otherwise have been raised via FTSU • Mrs Barnett highlighted that improved reporting would be beneficial in informing actions, and would also ensure that colleagues could be satisfied that their concern had been dealt with • The Board’s attention was drawn to the projects underway to ensure that all colleagues felt included, and able to raise concerns, in particular against the background of a national racism theme across the NHS • Ms Milanec drew colleagues’ attention to the low uptake of FTSU online training completion by senior leaders, noting that a better understanding might help with some of the identified issues. Mrs Boyode clarified that there had been a FTSU course completion recording issue within the Learner Management System (LMS), which the Education team were investigating. She agreed to provide an update to the Board on the timescale for resolution at the next meeting <p>The Board of Directors noted the report.</p>	DPOD
067/23	<p>Freedom to Speak Up Policy</p> <p>The Board of Directors received the report from the Director of Governance, in the absence of Mrs Turner.</p>	

Ms Milanec clarified that the format of the policy was based on a national FTSU template, designed for ease of reading. The Chair queried whether there was scope for the format to be used/adapted for other organisational policies across the Trust, due to its clear and reader-friendly design. Ms Milanec confirmed that this would be considered going forward.

In response to a query from Mrs Boughey, Ms Milanec confirmed that the date on the front of the policy indicated when it was written. She advised that all organisations were required to have their FTSU policy in place by January 2024, and that the final published version would also contain the date of Board approval.

The Board of Directors approved the policy for publication on the Trust website, and noted that, whilst the policy would undergo regular review, any subsequent minor amendments would not require further approval by the Board.

STRATEGIC, QUALITY AND PERFORMANCE MATTERS

068/23

Operating Plan 2023-24 and Final Budget

The Board of Directors received the report from the Director of Finance.

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

- The operating plan reflected the plan submitted to the ICS and, whilst it remained subject to approval by NHSE, it was understood that there had been a tacit acknowledgement of the figures submitted
- Mrs Troalen highlighted, with apologies, an error on page 195 of the board pack with regard to a request from NHSE for stretch target delivery. She confirmed that this should show that the Trust's share was £5.2m of the system figure of £11.4m, noting that delivery of efficiency was a system task
- Several narrative issues were highlighted, in particular the consistency required on references to Board Assurance Committees within Section 8 and Appendix 2, and the required inclusion of FPAC within the table covering metrics for monitoring the G2G programme within Appendix 1

In overall conclusion, Mrs Barnett clarified that, whilst the operating plan was helpful in setting out quality priorities and the standards the Trust would expect to work to and deliver, there were broader enablers in the plan, eg digital and estates programmes. It was recognised that the plan was ambitious, and not without risk, due to the dependency upon system partners (which were the subject of ongoing discussions), and the operational demands on the Trust alongside key IT and estates implementation requirements.

	<p>The Board was requested to adopt the operating plan for 2023-24 and approve the final Trust budget for 2023-24, noting that both papers had been through FPAC for final scrutiny and challenge.</p> <p>The Board of Directors approved both of the above, subject to further review and amendment of the errors and omissions, as identified above.</p>	
069/23	<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 March and April 2023.</p> <p>Executive Summary</p> <p>Mrs Barnett referred the Board to the detail contained within this section of the report, highlighting that, whilst progress was being made, it was recognised that further improvement was required. She acknowledged that there were some areas of significant challenge, for example discharges, however took confidence in the level of oversight and granularity of work across the organisation, which was much improved this year.</p> <p>In response to a query from the Chair, Mrs Barnett provided assurance to the Board of the daily and weekly extensive monitoring and tracking actions underway to ensure there was clear focus on the improvements required. She added that there was regular engagement with system partners, and close working with ShropCom in particular, which had provided confidence that there was now further capacity to support patients.</p> <p>Mrs Barnett referred to her executive colleagues, in order to provide more detailed information for the Board.</p> <p>Quality: Patient Safety and Effectiveness and Caring & Experience</p> <p>The Board was referred by the Director of Nursing and Deputy Medical Director 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 mitigating and improvement actions ongoing across the Trust, as detailed within each category.</p> <p>In response to a query from Dr Lyttle on VTE assessment completion levels, Dr Rowlands clarified the actions being taken to improve the completion trajectory.</p> <p>Responsiveness</p> <p>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.</p> <p>Noting that NHSE tier 1 monitoring continued, due to the Trust's RTT and cancer performance, Ms Biffen drew colleagues attention to the</p>	

actions being taken to improve, and was pleased to be able to report a reduction since the report was produced in both RTT and 78 week waiting times.

Challenges continued with colorectal, gynaecology and urology diagnoses and treatment, with the colorectal two week pathway not showing the expected reduction from the Faecal Immunochemical Test (FIT) testing available in primary care. Dr Lyttle highlighted what appeared to be a disconnect between guidance received by GPs in this regard, and the Trust's assumptions. Ms Biffen advised that a request had been submitted for benchmarking data on referrals, to help in gaining a greater understanding of this issue, and alternative options, eg triage, were being considered with the ICS.

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.

Mrs Boyode covered the following additional points:

- Colleagues' attention was drawn, with apologies, to an error within the table on Page 41 of the report, clarifying that the April 2023 figure for temporary/agency staffing should read 1057 rather than 0
- Risks were emphasised around the forthcoming industrial action by junior doctors and consultants
- With regard to the NHSE report published in November 2021, outlining the 10 year strategy for human resources and organisational development, the Board was asked to be mindful of the improved experience and effectiveness that could ultimately be achieved from digital/AI processes, alongside the potential use of shared systems within the ICS. This was likely to be a developing area.

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.

Colleagues' attention was drawn to the adverse variance to plan of £1.425m at the end of April (Month 1), and the drivers of the in-month deficit.

Assurance was provided on the monitoring and mitigating actions underway, and that the Board would continue to be fully apprised on the financial performance over future months.

The Board of Directors noted the Integrated Performance Report.

070/23

Getting to Good (G2G) Progress Report

	<p>The Board of Directors received the report from the Chief Executive, which was taken as read.</p> <p>Mrs Barnett drew colleagues' attention to the summary narrative which provided detail on the status of the projects which were currently off track.</p> <p>In response to a query from Prof Purt on clarity around the areas off track and those which were worsening, but appeared to be different in the report to those off track, Mrs Barnett responded that this was potentially due to the more rigorous reporting methodology now being used, ie areas would now show a red status until delivered and evidenced. It was proposed that future reporting to Board would include clarity on forward forecast, which should address these anomalies.</p> <p>Finally, the Board was advised that support for the Performance and BI team, and project management, remained a key need, and there was a theme emerging around the dependency on some of the enabling schemes. Work was ongoing to secure additional resource support, and Mrs Barnett advised that an agreement had been reached with the ICS for some support provision, however this was unlikely to be sufficient.</p> <p>The Board of Directors noted the report.</p>	
071/23	<p>Report from the Director of Infection Prevention & Control Q4 2022-23</p> <p>The Board of Directors received the report from the Director of Nursing.</p> <p>The report was taken as read, and the following key points were noted:</p> <ul style="list-style-type: none"> • In relation to Healthcare Associated Infections (HCAI), the Trust breached the national targets set for MRSA bacteraemia and C difficile in 2022-23; and when the Community Onset Healthcare Associated (COHA) figures were added, the Trust breached the national targets for E.Coli and Pseudomonas bacteraemia • The Trust had continued to see a number of COVID 19 outbreaks, with 38 outbreaks in total in Q4. In line with national guidance, there have been changes to patient and staff testing since mid-May, and removal of the requirement to wear masks, with some exceptions in areas of high risk • Ms Robotham raised a query on page 300 of the board pack, referencing a gap analysis and action plan, where the report states that all actions were complete. She queried whether any actions needed to be re-opened, in light of the performance issues detailed within the report, and queried the confidence level in this year's trajectory. Mrs Flavell responded as follows: <ul style="list-style-type: none"> ○ The 33% increase in C.Dif was reflective of the national trend 	

	<ul style="list-style-type: none"> ○ The gap analysis had been completed against most recent guidance, and actions were tracked through internal governance ○ With regard to the target for this year, she acknowledged that this was probably not particularly realistic. In summary, however, the Trust had a very robust RCA process, work continued proactively on looking to make significant improvements, and whilst the one remaining area that had not yet been reviewed was anti-microbial stewardship, the Trust performance was in line with national trends <p>In response to a query from the Chair, Mrs Boyode confirmed that work had started on this year's flu vaccination campaign. Consideration was also being given to the campaign position and strategy for Covid vaccination of the Trust's more vulnerable staff</p> <p>The Board of Directors noted the report.</p>	
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ASSURANCE FRAMEWORK

072/23	<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 Mrs Lawrence, Director of Midwifery, and Mr Wright, Programme Director, Maternity Assurance</p> <p>Colleagues were referred to the detail contained within the report, which was taken as read.</p> <p>The Board's attention was drawn, with apologies, to errors within the table under section 3.1 of the report, noting that the corrected information had subsequently been circulated to colleagues by email and published on the Trust website.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
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073/23	<p>Incident Overview Report</p> <p>The Board of Directors received the report from the Director of Nursing, which was taken as read.</p> <p>Colleagues' attention was drawn in particular to serious incidents 7, 8 and 9, the 17 recommendations from which would form the basis of a paediatric transformation programme, to be overseen by a committee chaired by the Medical Director (Paediatric Transformation Assurance Committee).</p> <p>The first meeting of the committee was scheduled for 21 June, and the 17 recommendations, along with other information, would be used to provide a foundation on which to build workstreams. There would be the same reporting methodology as that previously adopted in maternity, and Mrs Flavell provided assurance that there would be</p>	
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	<p>externality on the committee from the system and regional colleagues.</p> <p>In response to a query from the Chair, Mrs Flavell confirmed that the recommendations had taken into account the feedback raised by parents and families, noting that responsibilities linked to some recommendations were spread across the system. She provided further assurance that families had been fully supported, and that the colleague responsible for the thematic reviews had a good relationship with the families, and would provide feedback fully in line with and respectful of their requirements.</p> <p>The Board of Directors noted the report.</p>	
074/23	<p>Annual NHS Staff Survey Results</p> <p>The Board of Directors received the report from the Director of People & OD.</p> <p>Mrs Boyode drew colleagues' attention to the detail contained within the report, reminding the Board that the People Promise was a nationally led initiative.</p> <p>Ongoing work from the Trust's People Strategy, and the People Promise priority actions, had not yet seen the level of improvement in staff experience that had been hoped for. However, firm foundations had been established to build upon, and there would continue to be focus on delivering the key challenges identified from staff feedback.</p> <p>The Board of Directors noted the report.</p>	
075/23	<p>Formal Review of 2022-23 Winter Plan</p> <p>The Board of Directors received the report from the Acting Chief Operating Officer, which was taken as read.</p> <p>The following points were covered in subsequent discussion:</p> <ul style="list-style-type: none"> • Recognising that the system winter plan last year was approved with a significant bed gap, the assumptions for winter 23-24 supported Ms Biffen's view that the issues of last winter would not be repeated this year, subject to two caveats – a reduction would be required in No Criteria to Reside (NCTR) patient numbers (previously referred to as Medically Fit for Discharge, MFFD), and the effective use of virtual wards • Mrs Troalen added that as a significant part of performance deterioration last year was driven by bed gap, the Trust was subject to continual regional and national scrutiny. She wanted to reinforce the importance of this, and offered to contribute to any discussions on work to be done with the system • In response to a query from Ms Edwards on the Local Authority outlook for this winter, Mrs Barnett acknowledged the pressures being experienced by Local Authority colleagues, and confirmed 	

	<p>that she was in ongoing discussion with ICS partners and the Local Authorities in this regard</p> <p>The Board of Directors noted the report.</p>	
BOARD GOVERNANCE		
076/23	<p>Remuneration Committee Terms of Reference</p> <p>Following withdrawal of this item from the agenda of the previous meeting at the request of the Director of Governance, to allow for the review and refinement of some points of detail, the Board of Directors received the report from the Director of Governance and Director of People & OD.</p> <p>The Board considered and approved the Remuneration Committee Terms of Reference, noting the intention for an annual review going forward.</p>	
077/23	<p>People & OD Assurance Committee Terms of Reference</p> <p>The Board of Directors received the report from the Director of Governance and Director of People & OD.</p> <p>Colleagues were advised that since circulation of this paper to the Board, the Chair had asked the Director of Governance to review the membership of this committee. Following initial discussion on the prospective committee membership, it was agreed to finalise the proposals offline in the interests of time efficiency.</p> <p>The Board of Directors noted that revised Terms of Reference, to reflect the above changes, would be presented at a future meeting of the Board at the earliest opportunity.</p>	
PROCEDURAL ITEMS		
078/23	<p>Any Other Business</p> <p>078/23a: Risk Appetite Statement</p> <p>The Board of Directors received a report from the Director of Governance, reflecting the addition of 'risk tolerance' alongside 'risk appetite' on the statement, as agreed following a review by the Board of the Trust's Risk Appetite.</p> <p>The Audit & Risk Assurance Committee had reviewed the Risk Appetite Statement 2023/24 at its meeting of the previous week and was recommending approval to the Board, for subsequent publication on the Trust website.</p> <p>The Board of Directors approved the Risk Appetite Statement 2023/24, and noted that a review of the strategic 'goals' (strategic</p>	

	<p>'objectives') would be carried out later in 2023/24 to determine whether they remained current or required updating.</p> <p>078/23b: Trust volunteers</p> <p>Further to earlier discussions under the Report from the Chair, Mr Lee was pleased to confirm that the Trust had volunteer roles in over 30 clinical and non-clinical departments. He additionally advised that the Trust's 'Volunteer to Career' programme provided support to volunteers with CV preparation, application writing etc, for both clinical and non-clinical roles.</p>	
079/23	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Board of Directors was scheduled for Thursday 10 August 2023 from 0930hrs–1330hrs, and would be live streamed to the public.</p>	
STAKEHOLDER ENGAGEMENT		
080/23	<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.		