

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

Thursday 10 August 2023  
Held in Shrewsbury Education & Conference Centre  
(and live streamed to a public audience)

MINUTES

Name	Title
<b>MEMBERS</b>	
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 from 12.15hrs</i> )
Ms R Edwards	Non-Executive Director
Dr J Jones	Medical Director
Mr R Miner	Non-Executive Director
Prof T Purt	Non-Executive Director
Ms H Troalen	Director of Finance
Ms K Blackwell	Deputy DoN (representing Mrs Flavell, with voting rights)
<b>IN ATTENDANCE</b>	
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
Mrs A Lawrence	Director of Midwifery
Mr M Wright	Programme Director, Maternity Assurance
Ms L Gibson	NHSE Improvement Director
Ms W Mann	Assistant Director, Medical People Services ( <i>for agenda item 094/23</i> )
Ms C Horsfield	STW Virtual Ward Programme ( <i>for agenda item 082/23</i> )
Mr M Goodfellow	STW Virtual Ward Programme ( <i>for agenda item 082/23</i> )
Ms B Barnes	Board Secretariat (Minute Taker)
<b>APOLOGIES</b>	
Mr R Dhaliwal	Non-Executive Director ( <i>part apologies - joined meeting at 12.15hrs</i> )
Mrs H Flavell	Director of Nursing
Ms I Robotham	Assistant Chief Executive

No.	ITEM	ACTION
<b>PROCEDURAL ITEMS</b>		
081/23	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair was pleased to welcome all those present, including observing members of the public joining via the live stream.</p> <p>Dr McMahon extended a particular welcome to Mr Richard Miner, who had joined the Board on 1 August 2023 as a Non-Executive Director. Colleagues were advised that Mr Miner was a certified chartered accountant by profession and, along with his financial expertise, he brought to the Board significant experience as a NED within the NHS since 2006.</p> <p>Apologies were noted.</p>	
082/23	<p><b>Patient / Staff Story</b></p> <p>The Deputy Director of Nursing introduced a digital story, supplied by the Shropshire Community Health NHS Trust (SCHT), which featured patients and staff talking about their experiences of the Virtual Ward (VW).</p> <p>Ms Claire Horsfield and Mr Mark Goodfellow of SCHT, who were instrumental in leading the VW programme, were welcomed to the meeting for this agenda item.</p> <p>The Board noted that Virtual Wards, which allowed suitably assessed patients to be cared for and supported in their own home, were a national initiative led by NHSE, which had been established to reduce pressure on acute settings and offer improved patient pathways. Within Shropshire, Telford &amp; Wrekin there was a plan to support 250 virtual ward beds by December 2023.</p> <p>Colleagues heard positive stories from staff within the VW team, and from two patients, both with long-term health conditions, who shared their experiences of being VW patients. Both spoke of the positive impact on their physical, mental, emotional and social wellbeing as a result of being able to receive care in their own homes.</p> <p>The following responses and assurances were provided by Ms Horsfield, Mr Goodfellow and Mrs Barnett to queries from Non-Executive Directors:</p> <ul style="list-style-type: none"> <li>• Medical support for patients being cared for in the community was provided by the VW's own consultants and GP. Advanced Clinical Practitioners (ACPs) and Advanced Nurse Practitioners (ANPs) would also be starting on the VW shortly, and it was the intention to introduce some elements of Emergency Nurse Practitioners (ENPs) into the programme.</li> <li>• The VW received step-up patients from community wards, step down patients from acute wards, and would also accept self-referrals back into the programme from previous VW patients. The focus was on being patient-centered and there were no</li> </ul>	

	<p>defined constraints on the referral route.</p> <ul style="list-style-type: none"> <li>Plans were also underway to introduce a remote monitoring system in nursing and residential homes, which would trigger a response from the VW team.</li> <li>The latest VW patient number was noted as 74 (correct as at the previous day). It was acknowledged that there was more capacity within the shared trajectory than was currently being used and, whilst promoting throughout the organisation, the Trust had not yet been able to convert the number of patients to the VW in line with capacity. The ambition of both SCHAT and SaTH was to achieve clinically driven growth and provision of the best possible offer to patients.</li> <li>It was noted that the national 'Virtual Ward' branding was causing some misunderstanding from the public about how the service operated and was able to improve patient pathways. Healthwatch Shropshire would be supporting SCHAT in conducting a piece of work to consider more meaningful local branding, noting that other areas across the country were experiencing the same issue.</li> <li>With regard to staffing, it was confirmed that SCHAT was still in the process of recruiting to the VW, with 17 open vacancies currently. Strategies for further access to the VW would be considered, with the aim of ultimately reaching the point of full capacity and staffing, acknowledging that this remained some way off at this point.</li> <li>Noting the current capacity trajectory of 250, there was a query on the forthcoming projected percentage of patients admitted from the acute environment to the VW. Mr Goodfellow advised the Board that it was not possible to provide a definitive projection, as there was no linear pattern to the figures, due to the significant number of variables involved in assessing suitability.</li> <li>With regard to population health management, it was noted that there were tools within the ICS that could ultimately be used to identify potential VW patients, which would allow a suitable care plan to be put in place for some patients which could help avoid their acute admission. Whilst there was some way to go in achieving this, it was recognised that such a process would undoubtedly assist in significantly reducing pressures within SaTH, once established.</li> </ul> <p>The Board of Directors noted the service provision and patient stories covered in the digital story, and took assurance from the joint working between SCHAT and SaTH to improve pathways.</p> <p>The Chair thanked Ms Horsfield and Mr Goodfellow for taking time out of their day to join the meeting for this item, and both were pleased to accept an invitation to return in Autumn 2024 to review how the ambitions for the programme were developing.</p>	
083/23	<p><b>Quorum</b></p> <p>The Chair declared the meeting quorate.</p>	

084/23	<p><b>Declarations of Conflicts of Interest</b></p> <p>No conflicts of interest were declared that were not already declared on the Register.</p> <p>Colleagues were reminded by the Chair of the need to highlight any interests which may arise during the meeting.</p>	
085/23	<p><b>Minutes of the previous meeting</b></p> <p>The minutes of the meeting held on 8 June 2023 were approved by the Board of Directors as an accurate record, subject to the following correction which had been requested by Mr Harris, Medication Safety Officer, to agenda item 065/23, Medication Safety Report 2022-23:</p> <ul style="list-style-type: none"> <li>The second sentence of the final paragraph of Page 12 of the Board pack, to be amended to: 'In terms of continual review, Mr Harris highlighted that, whilst there was a policy on the administration of medication (<i>replaced with</i>) for self-administration of medication, it did not feel embedded within the organisation'.</li> </ul>	
086/23	<p><b>Action Log</b></p> <p>The Board of Directors reviewed the action log and agreed the following:</p> <ul style="list-style-type: none"> <li>Action Log numbers 15, 18, 22 and 23 to be closed, in line with the feedback from Lead Officers on completed actions, as detailed within the Action Log.</li> <li>Action Log No 24 to also be closed, following confirmation at the meeting from the Director of People &amp; OD, that the technical issues within the Learner Management System (LMS) which had been causing completion of the Freedom to Speak Up (FTSU) eLearning course to not be recorded, had now been resolved.</li> </ul> <p>No further actions were listed for review.</p>	
087/23	<p><b>Matters arising from the previous minutes</b></p> <p>No matters were raised which were not already covered on the action log or agenda.</p>	
<b>REPORTS FROM THE CHAIR AND CHIEF EXECUTIVE</b>		
088/23	<p><b>Report from the Chair</b></p> <p>The Board of Directors received a verbal report from the Chair.</p> <p>Dr McMahon advised of the extensive ongoing conversations with partners on the growth of constructive working across the system. She confirmed that further information would be reported to Board as these developed.</p> <p>Reflecting on her recent visit to the Intensive Care Unit (ICU), the Chair highlighted that the adjoining garden, in theory accessible to patients, was not fit for purpose. She proposed to enquire about the</p>	

	<p>availability of charitable funds to develop this as a usable space for patients. The ICU team had also volunteered to present a future patient story to Board about the importance of outside space and fresh air to recovery.</p> <p>The Board of Directors noted the report.</p>	
089/23	<p><b>Report from the Chief Executive</b></p> <p>The Board of Directors received a verbal report from the Chief Executive.</p> <p>Mrs Barnett acknowledged the significant ongoing pressures which services were under, in particular across cancer, planned care, and urgent and emergency care. Whilst there was a huge amount of transformation underway, and improvements were starting to be seen, it was recognised that these were not yet at the scale required to deliver tangible sustained benefits for patients.</p> <p>Advising that there were no exceptional items to report under this agenda item, Mrs Barnett drew colleagues' attention to the subsequent Integrated Performance Report (IPR) and Getting to Good Reports, which set out the key areas of focus for the Trust, and the progress status of improvement delivery across the organisation.</p> <p>The Board of Directors noted the report.</p>	

## REPORTS FROM ASSURANCE COMMITTEE CHAIRS

090/23	<p><b>Audit &amp; Risk Assurance Committee (ARAC) Report</b></p> <p>The Board of Directors received the report from the Committee Chair, Prof Purt.</p> <p>Colleagues were referred to the detail in the report, which was taken as read, and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Internal and External Audits 2022-23: Prof Purt was pleased to acknowledge the Head of Internal Audit Opinion of 'Substantial Assurance', and the issue of an 'Unqualified Opinion' from the external auditors on the financial statements.</li> <li>• Internal Audit plan 2023-24: Two areas to be covered by Internal Audit as part of this year's audit plan were highlighted to colleagues. These were a review of the Trust's procurement processes, particularly where large-scale capital work was ongoing, and a review of best practice in terms of the use of charitable resources.</li> <li>• Criteria Led Discharge: the Committee had expressed frustration over the lack of progress on this programme, and Prof Purt requested clarity from the Executive, both on an identified lead and a definitive decision on whether this was to proceed. Dr Jones provided assurance of executive support for the programme, and Ms Biffen highlighted that this was one of the interventions in the Trust's Operating Plan, noting that progress was being seen in the small pilot which was underway in Respiratory. Prof Purt</li> </ul>	
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	<p>requested that appropriate members of the executive, or a designated named individual, liaise with him to agree an action against this audit item, to allow the programme to be progressed or closed, as appropriate. Ms Edwards added that Criteria Led Discharge was also being recognised as an intervention at system level, noting that it continued to feature in papers of the ICS Quality Committee meetings she attended in her capacity as a Non-Executive Director.</p> <ul style="list-style-type: none"> <li>• Waiting List Initiative (WLI): again, the Committee had expressed frustration over the lack of clarity and progress with the WLI payments process. The Director of People &amp; OD agreed to provide assurance to Prof Purt outside of this meeting on the work that was underway on associated policy development and compliance. Prof Purt stressed the need for a definitive early resolution, due to the length of time this had been outstanding.</li> <li>• Internal audit recommendations: the Committee remained concerned at the number of recommendations outstanding, particularly the significant number that were high risk. Whilst acknowledging the operational pressures that the Executive Team were experiencing, Prof Purt stressed the need nevertheless for executive ownership and accountability. Mrs Barnett supported Prof Purt's comments, and acknowledged that there was a key learning point for executive colleagues around setting ambitious completion timescales which were not realistic in the first place. It was noted that there had been movement to close some of the 36 recommendations overdue for completion at the end of May 2023, and Dr McMahon wished to recognise this reduction and thank the Executive for the work involved.</li> </ul> <p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p>	<p><b>MD / ACOO</b></p> <p><b>DPOD</b></p>
091/23	<p><b>Quality &amp; Safety Assurance Committee (QSAC) Report</b></p> <p>The Board of Directors received the report from the Committee Chair, Ms Edwards.</p> <p>Colleagues were referred to the detail in the report, which was taken as read, and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Junior Doctor and Consultant strikes: the impact of the Junior Doctors' strike in July was noted as similar to previous strikes, with no alerts arising directly from the action, but long ambulance waits. It was becoming harder to secure agreement for cover for nights, with an increasing impact on consultants, and some specialties, especially medicine, were particularly vulnerable regarding night cover. No significant patient concerns had arisen from the Consultants' strikes in July. Specialties had tried not to cancel treatment in anticipation, but this did mean some late cancellations had occurred.</li> <li>• Infection Prevention and Control (IPC): Clostridium difficile (C.diff) numbers continued to increase across the organisation. At the time of reporting, the C.diff action plan was being reviewed and</li> </ul>	

	<p>next steps agreed, as it was recognised that immediate actions were needed, internally and system-wide. It was further noted that the increase in numbers reflected the national position.</p> <ul style="list-style-type: none"> <li>• Outstanding DBS checks: Colleagues noted that the outstanding number of checks had reduced to just below 700, with only seven nursing staff outstanding, ie in line with the objective of ensuring patient safety first. In response to a query from Mrs Boughey on the remaining 700, the Chair reminded colleagues of the discussion which had taken place at Board several months ago around the governance which had been put in place to ensure patient-facing areas were de-risked as a result of outstanding checks. It was further noted that the volume of outstanding checks reflected the national position, and in particular a disparity between the DBS and NHS on which categories of staff fell within the required criteria. The Director of People &amp; OD advised that clarity on this was being sought at national level, and colleagues were reminded that ongoing assurance to the Board on this issue was provided via QSAC.</li> </ul> <p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p>	
092/23	<p><b>Finance &amp; Performance Assurance Committee (FPAC) Report</b></p> <p>The Board of Directors received the report from Mr Brown, on behalf of Mr Dhaliwal, the Committee Chair.</p> <p>Colleagues were referred to the detail within the report, which was taken as read, and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Referring to the 'Alert' section of the report, it was noted that the Trust recorded a year to date deficit at month three of £26.359m, which was £7.321m adverse to the draft plan. The Director of Finance drew the Board's attention to the finance section of the IPR (agenda item 095/23), which included a clear breakdown of the drivers for the deficit. Colleagues were additionally reminded of the establishment of the executive-led weekly Financial Governance Group, to steer workforce, other agreed workstreams which were monitored closely, finance, and tracking of Specialist Nurses, Health Care Assistants (HCAs) and Junior Doctors.</li> <li>• With regard to the 'follow up actions' covered in the report, Dr McMahon reinforced her support for the proposal of cross communication between committees of the Board at a governance level, rather than solely relying on individuals attending these meetings to impart information.</li> </ul> <p>The Board of Directors noted the report, and took assurance from the ongoing monitoring activity by the Committee.</p>	
093/23	<p><b>Ockenden Report Assurance Committee (ORAC) Reports</b></p> <p>The Board of Directors received reports of the meetings of May, June and July 2023 from Dr McMahon, as Co-Chair of the Committee.</p>	



	<p>The reports were taken as read, and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• The Maternity Open Day on 13 May had been a great success and had received very positive feedback from all who attended. The maternity team were encouraged to hold further similar events.</li> <li>• It had been heartwarming and encouraging to hear extremely positive feedback, from both registered midwives and women, on the valuable contribution of the Maternity Support Worker role, which had been developed since 2021.</li> <li>• A presentation on the role of the weekly Birth Options Clinic was received at the July meeting, in particular the Clinic’s role in supporting women’s choices, and its links with the Lighthouse Service. Colleagues noted that the Lighthouse Service was a collaborative partnership between the Trust and the Midlands Partnership NHS Foundation Trust (MPFT), which provided a tailored package of psychological support to women and families. The Committee heard very positive video feedback and testimony from two women who had been supported by the service, and who consequently had gone on to have very positive birthing experiences. It was suggested that the video clips be shared at a future Board meeting.</li> <li>• The Committee had now moved to bi-monthly meetings in recognition of the fact that it had reviewed each of the Ockenden themes on two occasions in its regular monthly meetings since March 2021, and that going forward the Maternity Services team would be completing its work on the implementation of the remaining detailed Ockenden actions.</li> <li>• Finally, Dr McMahon was pleased to advise the Board that the improvement methodology being used in Maternity had received national recognition, and was now being used by other maternity units whose services required improvement.</li> </ul> <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>	DoN
<b>REGULATORY AND STATUTORY REPORTING</b>		
094/23	<p><b>Quarterly Report from the Guardian of Safe Working (GoSW)</b></p> <p>The Board of Directors received the report from the Medical Director on behalf of Dr Barrowclough, the Trust’s GoSW, who was unable to attend the meeting.</p> <p>Dr Jones was joined for this item by Ms Wendy Mann, Assistant Director of Medical People Services (MPS), and colleagues noted the intention that Ms Mann would join Dr Barrowclough for future GoSW reports, due to the close links between MPS and the GoSW.</p>	



The Board's attention was drawn to the detail contained within Dr Barrowclough's report, which was taken as read, and the following key points were noted:

- Colleagues noted the significant increase in exception reports raised by both FY1s and FY2s in Trauma & Orthopaedics (T&O) in relation to their working hours. Due to these reports, and concerns raised elsewhere, an outline business case to increase staffing levels had been proposed, which would address the issues raised within the reports submitted by the Trust's present incumbent doctors. In response to a query from Prof Purt, Dr Jones confirmed that the situation had not been exacerbated by strike action, noting that whilst the strikes were becoming more challenging, they were not a contributory factor in these particular issues.
- The locum booking reason of 'vacancy' continued to be the most significant in number in Q1. The Trust continued to record a higher proportion of agency vs bank usage, with acute medicine, general medicine and emergency medicine being the top three specialties for temporary medical staffing bookings. MPS reported that the medical temporary staffing function had successful fill rates, with a small proportion of shifts being unfilled across the quarter.
- The GoSW had been advised that MPS and Finance were conducting a Trust-wide review of the medical establishment, comparing junior doctor budgets, rota posts and reported vacancies, to achieve alignment. Once this work was complete, it was noted that the Trust would have an assured understanding of the vacancy position, which could be accurately reported through the financial position for doctors.
- MPS had highlighted to the GoSW a specific challenge they faced in Q1 each year. This related to difficulties outside of the control of MPS which had an impact on the Trust's contractual obligation to deliver rotas in line with the Code of Practice. Whilst further information was required to understand this challenge fully and its relevance to the Board, Dr Barrowclough was assured that, despite these challenges, the delays had been managed appropriately, and the significant investment in time afforded by the MPS team was appreciated.
- The Board's attention was also drawn to the actions which had been taken by MPS to help progress the compliance of safe working since the previous report, however it was concerning to note a steady decline in compliance with the exception reporting process, due to the time elapsed from exception reports being submitted to being closed.
- Mrs Boughey reminded colleagues that Dr Barrowclough had previously highlighted to the Board the lack of administrative support to chase exception reports, and that it was concerning to note this continued lack of support.
- Ms Mann, supported by the Director of People & OD, assured the Board that governance and assurance were the key priority for the MPS, however they were a new team which was still in development, and therefore required some time to work through all issues. Additionally, colleagues' attention was drawn to Dr

Barrowclough's statement in her report that it was clear significant work had been undertaken by MPS since November 2022 to mitigate the risks that might impact on the safe working of our doctors.

The Board of Directors noted the report, and thanked Ms Mann for her attendance for this item.

## STRATEGIC, QUALITY AND PERFORMANCE MATTERS

095/23

### **Integrated Performance Report (IPR)**

The Board of Directors received the report from the Chief Executive, providing an overview of the performance indicators of the Trust across May and June 2023, with a brief forward look using data analysed over a period, to help to indicate themes and areas of potential higher risk, and the mitigating actions being taken.

#### **Executive Summary**

Mrs Barnett referred the Board to the detail contained within this section of the report and, as referenced earlier, highlighted that the Trust continued to experience significant pressure across all services. As the improvements being made were not currently sufficient, it had resulted in the Trust moving into escalation. The following specific points were highlighted:

- Intensive work continued to address elective recovery, cancer care and diagnosis, however the scale of the waiting list was recognised. Mrs Barnett expressed her thanks to all colleagues, acknowledging that all teams were working exceptionally hard to improve the services provided to our patients.
- Continuing strikes over many months were having a considerable impact on waiting lists. Colleagues were working hard to ensure patient appointments were not cancelled wherever possible, and prioritising the most clinically urgent cases.
- Partnership working also continued to be critical. The Virtual Ward was a prime example of this and, as referenced earlier in the meeting, plans to increase VW capacity would contribute to reducing pressures.

Mrs Barnett referred to her executive colleagues in order to provide more detailed information for the Board, and to the mitigating and improvement actions ongoing across the Trust, as detailed within each category.

#### **Quality: Patient Safety and Effectiveness**

The Board was referred by the Medical Director and Deputy Director of Nursing to the full detail contained within this section of the report, which was taken as read. The following key points were covered:

- IPC: as referenced earlier in the meeting, the Trust continued to see high numbers of C.diff, reflecting the national position. Dr Jones clarified that this infection typically occurred in people who had taken antibiotics, and was quite resistant to cleaning. In

addition to the review and revision of the C.diff action plan, the Trust was working closely with ICS colleagues, as there was a need to understand the whole patient journey and pre-hospital intervention and demographics.

- Pressure ulcers: an increase in pressure ulcers had been seen in May. Themes had been identified and a comprehensive Trust-wide action plan was in place. With regard to a query from the Chair on whether there was any evidence to suggest that pressure ulcers were due to long waits, Ms Blackwell confirmed that, whilst investigations and tracking were ongoing within the Trust, she was not aware of any current national plan or ongoing research into this topic. She took an operational action, however, to look into this outside of the meeting and advise colleagues accordingly.
- Structured Judgement Reviews (SJRs): noting that the Trust was above the national target on mortality SJRs, Dr Jones advised that as a result of investment in new reviewers, the percentage of SJRs was improving, and an increased number of high quality reviews was being seen.
- Complaints: performance remained below accepted levels, however the position was improving, and assurance was being gained regarding the complaints process. It was recognised that clinical teams were struggling to meet response times for information required to complete complaint investigations, due to the intensity of demands being placed upon them. This led to discussion on the distribution of tasks carried out by clinical teams, and assurance was provided to the Board that this issue was recognised, and of the intention to develop people to ensure a fair spread of workloads. Mrs Barnett also assured colleagues that the aim of Getting to Good, and the Trust's other transformation programmes, was to be more specific on the areas of focus which could make the biggest difference to our patients.
- Timeliness of data availability: colleagues were advised that the Assistant Chief Executive was leading on further development of the IPR, with a view to data being made available to the Board more promptly than it was currently being received. The Chair, whilst acknowledging this as a positive development, reminded colleagues of the importance of the Board seeing validated data.

### **Responsiveness**

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

- NHSE Tier 1 monitoring of the Trust continued, due to Referral to Treatment (RTT) and cancer performance. Daily RTT monitoring with the specialty teams was providing assurance of continuing progress at the expected rate. Specialty level improvement trajectories were on track to deliver the plan for zero 78-week waits by June 2023 and zero 65-week waits by March 2024.
- The focus in cancer continued to be on improved performance in the 62 day and Faster Diagnosis Standards (FDS), and the most challenged specialties of urology, colorectal and gynaecology

continued to be prioritised. At the time of reporting, there were 431 patients waiting over 62 days for treatment against a target of 212 by 31 March 2024, however this figure had since reduced to 312 patients waiting over 62 days against a trajectory of 214. It was noted that recent bids for additional West Midlands Cancer Alliance (WMCA) funding had been successful, including an additional £1m support for endoscopy capacity.

- Further discussion followed on cancer pathways and the demands on diagnostics, including the importance of FIT testing in identifying those patients at high risk of bowel cancer. The Trust continued to encourage and educate community colleagues in the use of this testing, although the need for further community education was noted on appropriate pathway referrals for those who tested negative. Additionally, Ms Biffen detailed the extensive activity taking place to prioritise cancer patients, including international recruitment and insourcing, whilst noting the need for balance with Referral to Treatment (RTT). Meetings were also taking place on a fortnightly basis to discuss other options, and assurance was provided that the Trust was doing as much as it could currently.
- There had been a significant reduction in length of stay, however this had not improved the position around long waits in the Emergency Department (ED), or in overall ED performance. It was planned to undertake a deep dive into ED performance imminently.
- A Multi-Agency Discharge Event (MaDE) took place in early June and focused on improving referral rates to the Virtual Ward. This resulted in a significant increase in VW referrals, however not all of those converted into discharges onto the Virtual Ward, and there was ongoing focus to understand what was impacting conversion rates. Ms Biffen clarified, in response to a query from Prof Purt, that there was no link between discharges onto the Virtual Ward and the potential impact of Criteria Led Discharge on regular daily discharges. It was confirmed that Criteria Led Discharge related to providing permission to non-medics to determine if a patient was fit for discharge against clearly set criteria, whereas the decision making required for discharges to the Virtual Ward operated in a different way.

- **Well Led: Workforce Summary**

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

- Establishment: the Board noted that there were several factors impacting the ability to meet our establishment, including vacancies, employee absence, and retention. Comprehensive actions to address all of these factors, as detailed within the report, were underway, and Mrs Boyode highlighted the potential future impact of workforce developments as a result of ongoing strengthening relationships with the system.

- **Sickness:** whilst the organisation's current reported sickness rate of 4.7% compared favourably with the national position of 5%, considerable work continued at pace to gain a greater understanding of rostering and reducing levels of unavailability, with a view to alleviating the financial pressures created by agency spend.
- **Equality Diversity & Inclusion (EDI):** the Board of Directors fully endorsed the need to demonstrate its commitment to the Trust's EDI agenda, and the Chair highlighted the requirement for all Board members to have an EDI objective. Further discussion and development was planned on the Board's commitment to EDI.
- **Recruitment:** Ms Edwards referred to the successful recruitment of Health Care Support Workers (HCSW) over the last month, noting that the recruitment position should deliver on the plan to reduce agency usage to zero for this staff group by October 2023. In response to a query on whether there were any lessons to be learned that could be implemented for other categories of staff, Mrs Boyode confirmed that this work had taken place in the context of the Trust's overall clear target to understand and reform. Whilst in reality there had also been a number of leavers in that space, a key general learning point had been the importance of the provision of education and protecting time for people to learn. In response to reference by Mr Brown to the considerable amount of recruitment activity underway, and the level of stress this must be placing on the recruitment and onboarding teams, Mrs Boyode confirmed that whilst the teams were doing an amazing job, it was accepted that there were smarter ways of working. She provided an example of the use of digital/Artificial Intelligence (AI) in processes to improve experience and effectiveness, which was likely to be a developing area.
- **Culture:** Mr Miner referred to the importance of culture to any organisation, and queried the identification of any metrics in this regard. Mrs Boyode confirmed that the Trust had worked with The Kings Fund in 2021 to create a cultural dashboard, which contained six metrics. One of those was around goals and performance, and whilst this had been a real focus for the organisation, it was accepted that there was more to still be done, and recognition of the need to think differently.
- **Strike action:** Dr Jones referred to the Junior Doctors' strike starting the following day. He confirmed that the public would be encouraged to use all options available to them, with the aim of alleviating increased pressure on acute services.

### **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.

Assurance was provided on the monitoring and mitigating actions underway, and the following key points were covered:

- **Deficit:** as covered earlier in the meeting, the Trust recorded a year to date deficit at month three of £26.359m, which was £7.321m

	<p>adverse to the draft plan. Ms Troalen drew the Board's attention to the detailed breakdown of drivers for the deficit, and clarified that many of the adverse areas to plan reflected those known about when the Operating Plan was signed off.</p> <ul style="list-style-type: none"> <li>• Intervention: Significant constructive intervention continued from NHSE. There had been a recent visit to the Trust from the Deputy Chief Financial Officer, who had stated that he got a palpable sense of grip and control from discussions during his visit.</li> <li>• Capital: The Trust was once again running a large capital programme for 2023-24, and continued to be awarded further capital funds. At the time of reporting, performance was a shade behind plan however Ms Troalen was not unduly concerned.</li> </ul> <p>The Board would continue to be fully apprised on the Trust's financial performance over future months.</p> <p>The Board of Directors noted the Integrated Performance Report, and the systems of control which were in place.</p>	
096/23	<p><b>Getting to Good (G2G) Progress Report</b></p> <p>The Board of Directors received the report from the Chief Executive, which was taken as read.</p> <p>Mrs Barnett drew the Board's attention in particular to sections 3, 4 and 5 of the report, which provided a status overview.</p> <p>Colleagues noted that this was the first G2G report that had implemented some elements of the revised RAG rating in line with other Trust programmes, such as Maternity Transformation. Progress ratings were not included in this month's report but would be included going forward, noting that the report was now more exception based in format.</p> <p>Particular reference was made to the significant Electronic Patient Record (EPR) implementation, noting that this was one part of a large overall programme of work to modernise the organisation's digital infrastructure.</p> <p>The Board of Directors noted the report, and its continued development, to provide greater transparency and consistency across workstreams.</p>	
097/23	<p><b>Report from the Director of Infection Prevention &amp; Control (DIPC) Q1 2023-24</b></p> <p>The Board of Directors received the report from the Deputy Director of Nursing, which was taken as read.</p> <p>As reported earlier in the meeting, the Trust continued to see a rise in C.diff cases. The IPC team had also continued to manage a number</p>	

	<p>of COVID-19 outbreaks, however the number was decreasing due to the national changes to testing guidance.</p> <p>The Board noted that a risk had been added to the organisation's risk register in Q1, of the Trust exceeding its nationally set targets for Healthcare Associated Infections (HCAIs), despite mitigating actions being in place. Dr Jones had spoken earlier in the meeting of the need for further actions to be undertaken with colleagues across the ICS, to gain greater understanding of pre-hospital intervention and demographics, as part of the whole patient journey.</p> <p>From a future perspective, the Chair highlighted that one of the key deliverables of the Hospitals Transformation Programme (HTP) was an environment that improved IPC.</p> <p>The Board of Directors noted the report.</p>	
<b>ASSURANCE FRAMEWORK</b>		
098/23	<p><b>Ockenden Report Action Plan Progress Report</b></p> <p>The Board of Directors received the report from Mrs Lawrence, Director of Midwifery, who was joined for this item by 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 noted that substantial progress continued to be made against the delivery of the Ockenden Reports' actions, which remained above plan. Across both the first and final reports, 86% of actions were now 'delivered', and 68% 'evidenced and assured'. Work continued at pace to deliver the rest of the programme.</p> <p>In response to a query from the Chair on the level of confidence that enough influence was being put into those actions which were outside of the Trust's direct control, Mrs Lawrence was pleased to advise that the Trust was leading the way on the national actions. She provided an example of the training programme designed by the Trust which was now being taken forward by NHSE for delivery under the new nationally recognised training package.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
099/23	<p><b>Maternity Reports Assurance Summary Report</b></p> <p>The Board of Directors received the report from Ms Edwards, the Chair of the Quality &amp; Safety Assurance Committee (QSAC), to address the following:</p> <ul style="list-style-type: none"> <li>• To fulfil an action from the Board meeting of October 2022, for QSAC to oversee work on the findings and actions from a review of all previous Maternity reports, in line with the plan agreed as</li> </ul>	



part of the discussion relating to Ms Scolding's report, and provide an assurance summary report to a future meeting;

- To action a request from the Chair for QSAC to discuss the way progress with the Maternity Transformation Plan (MTP), Maternity Improvement Plan (MIP), and the actions arising from the first and final Ockenden reports, could best be reported in order to give the Board of Directors adequate oversight and assurance relating to the sufficiency of, and progress with, the action plan;
- To follow up on a commitment from discussion on the Fit and Proper Person Investigation/Scolding Report at the Board meeting of October 2022, to carry out a gap analysis to ensure that the recommendations made in previous reports, had been, are being, or will be addressed by ongoing improvement plans, overseen by QSAC, with progress reported to Board.

Colleagues noted the following progress:

- A total of 30 reports and actions had now been mapped and cross-referenced to the Trust's overarching MTP under the MIP workstream, noting that the MTP was the overarching programme which included the Ockenden actions and the MIP, all of which were sub-divided into seven workstreams.
- The above action plans or reports contained a total of 942 actions, all of which had been prioritised using 'Agile' project methodology, with each action allocated into one of six categories. Categories/phases 1-5 were complete, phase 6 was on track for completion in December 2023 (with priority given to clinical quality and governance items), and the finalisation/closure of the MIP was on track for March 2024.
- Mrs Lawrence clarified that out of the 30 reports, it was important to note that actions were completed in order of complexity, which was why they were being completed 'piecemeal', ie the focus was on actions and not whole reports.
- Ms Edwards additionally confirmed that QSAC had received comprehensive assurance that all actions had been cross-checked, and prioritised, to ensure that those which were most significant for patient care were completed first.

Colleagues were referred to the detail in the report on progress with action delivery, and the following resulting overall actions were noted:

- A report would be received at Board setting out the actions taken in response to the Royal College of Obstetricians and Gynaecologists (RCOG) reports.
- Each of the action plans proposed for closure by the Division would be received at the Maternity Transformation Assurance Committee (MTAC) and any issues arising would be received at QSAC.
- A map of what is reported to which committee, and how each committee reports to the Board, would be provided, to prevent overlap and duplication, and gaps.

In addition,

	<ul style="list-style-type: none"> <li>• It was proposed that matters relating to the Clinical Negligence Scheme for Trusts (CNST) would be received at QSAC, with issues of significance raised via the Chair’s Monthly Summary Report to Board, and detailing any actions required of the Board by the CNST processes. It had subsequently been noted, however, that the latest version of the CNST guidance was very explicit in the requirement that a considerable amount of CNST reports should be received direct by the Board. This requirement would therefore be reflected in the action below.</li> <li>• The Maternity Division would develop an Integrated Maternity Report, to provide ongoing assurance on actions through that process (including CNST), with more detailed background information to be available in the Board supplementary information pack.</li> </ul> <p>The Board of Directors noted and reflected upon the information provided, and took assurance from the resulting actions.</p> <p>The Chair thanked Mrs Lawrence, Ms McInnes, Mr Wright, and all maternity colleagues, for their input and involvement in this comprehensive review, and the important assurance it had provided.</p>	
100/23	<p><b>Incident Overview Report</b></p> <p>The Board of Directors received the report from the Medical Director, which was taken as read.</p> <p>The Board’s attention was drawn to section 6, relating to overdue incident reports which had shown improvement; and sections 8 and 9, outlining the themes and trends identified from serious incidents raised and closed in May and June 2023.</p> <p>Dr Jones provided an update to the Board on the work which had been completed, and next steps, in preparation for the Patient Safety Incident Response Framework (PSIRF). He reported a sense of optimism on the framework from colleagues, as it created emphasis on actions, with a focus on big themes. There was recognition, however, of the need to be mindful of attention to individual experience, and making sure the Trust meets the needs of our patients and families.</p> <p>The Chair asked the Non-Executive Directors, and any Executive Directors not directly involved, if they felt that they would benefit from a greater understanding of PSIRF, recognising that an increased awareness would assist the Board to deliver on its assurance responsibilities. This was welcomed, and it was agreed that a PSIRF session would be included at a future Board Seminar.</p> <p>The Board of Directors noted the report.</p>	DCG
101/23	<b>Q1 Board Assurance Framework (BAF) 2023-24</b>	

The Board of Directors received the report from the Director of Governance, which was taken as read.

Ms Milanec drew the Board's attention to the recent work undertaken to review and refresh the BAF contents for the 2023/24 financial year. This included adding new and revised risks, removing the completed actions from 2022/23, refreshing the gaps in control/assurance and associated actions, along with refreshed progress updates on actions.

The Board was asked to:

- Consider if the BAF content reflected the strategic risks within the organisation and if the risk scores were appropriate;
- Consider if there was evidence of successful management of the risks, and if actions were being progressed in a timely manner; and
- approve the Q1 BAF contents.

Subsequent discussion focused in particular on the recommendation from QSAC to replace the previous risks BAF1 and 2 from 2022/23 and amalgamate into a new BAF1 risk for 2023/24; and the proposal for a new corporate governance risk BAF2 for 2023/24, which it was proposed be overseen by ARAC. The following key points were covered:

- Proposed amalgamation of risks BAF 1 and 2: Colleagues were advised that this recommendation followed documented considerations throughout 2022/23 that there was significant overlap within BAF1 and 2 and, in practice, the risks were not working for the risk owners. Following extensive discussion, and noting the increasing regulatory emphasis on safety culture, there was a consensus that the current two risks should be kept separate for the time being, pending further consideration, with full appreciation that the safety culture defined in BAF2 in particular was retained. It was proposed in summary that either BAF2 was rewritten, or a new combined BAF1 was written, to fully take into account the emerging safety culture (as distinct from quality and safety), and recognising that safety culture inputs and outputs were different.
- Proposed new corporate governance risk: Colleagues noted that this proposal reflected the gaps in corporate governance control and assurance, and actions required, as detailed within the BAF. Ms Milanec additionally highlighted the following issues:
  - The Trust had once again not demonstrated compliance with the Data Security & Protection Toolkit (DSPT) requirements following this year's submission, however improvements had been made, and the Trust had been instructed to submit an action plan by the end of March 2024. Mrs Barnett thanked Ms Milanec for her extensive ongoing work on the DSPT, with a view to the Trust achieving compliance in the not too distant future.
  - There had been a significant increase in the number of Freedom of Information (Fol) requests received by the Trust. Whereas previously, each Fol request might have

	<p>contained one or two questions, requests were now regularly being received containing c20 questions, each of which required a response within 20 working days. This was proving extremely challenging, in particular where requests required clinical input, due to the significant operational pressures the Trust was experiencing.</p> <p>The Executive provided the following responses to further queries from Non-Executive Directors:</p> <ul style="list-style-type: none"> <li>• With regard to risk scores, Ms Milanec clarified that the figures quoted in the Q1 BAF were taken from the risk appetite scores of around four months ago, which she acknowledged required refreshing in some cases.</li> <li>• Noting that it was proposed to change the lead executive for BAF risk 11 to the Director of the Hospitals Transformation Programme (HTP), it was queried whether this should more appropriately be the responsible Executive Director of the Board. It was agreed that this would be considered offline, with the conclusion provided at the next meeting.</li> </ul> <p>With the exception of BAF risks 1 and 2 (which awaited a further recommendation from QSAC, as detailed above), the Board of Directors approved the Q1 BAF content, including the new corporate governance BAF risk.</p>	<p>DCG</p> <p>CEO / DCG</p>
102/23	<p><b>July Board Walks – Summary Report</b></p> <p>The Board of Directors received the report for information from the Director of Governance, which summarised reflections from Board members following their visits to the following areas:</p> <ul style="list-style-type: none"> <li>• Acute Medical Unit (AMU) and Same Day Emergency Care (SDEC) at PRH;</li> <li>• Ward 35 (Renal) at RSH; and</li> <li>• Ward 32 (Trauma &amp; Orthopaedics) at RSH.</li> </ul>	
<b>BOARD GOVERNANCE</b>		
103/23	<p><b>Review of Board Committee Membership</b></p> <p>The Board of Directors received the report from the Chair, which detailed new Committee membership allocations for the Non-Executive Directors.</p> <p>It was noted that the changes followed the recent appointment of Mr Richard Miner, who had been asked to join the Finance &amp; Performance Assurance Committee, and the Audit &amp; Risk Assurance Committee, due to his background of accountancy and finance.</p> <p>The opportunity had also been taken to finalise the membership of the People &amp; Organisational Development Committee.</p>	

	The Board of Directors approved the new committee membership allocations.	
<b>PROCEDURAL ITEMS</b>		
104/23	<p><b>Any Other Business</b></p> <p><b>104/23a: Fit and Proper Person Test (FPPT) for Board Members</b></p> <p>The Board of Directors received a report from the Director of Governance with regard to the recently published FPPT guidance, noting that this was the first consultation with the Board relating to the new requirements.</p> <p>Colleagues were advised that new processes would need to be put in place in the organisation to meet the required deadlines for implementation of the revised Framework, the first phase of which took effect from 30 September 2023.</p> <p>Board members were asked to particularly note section 2.5 of the report relating to the increased personal data which would be input to, and held within, the Electronic Staff Record (ESR).</p> <p>The Board of Directors noted the following:</p> <ul style="list-style-type: none"> <li>• The requirement for the Trust to comply with the arrangements regarding the revised FPPT Framework; and</li> <li>• The request to support the Chair in meeting her responsibilities for the oversight of the framework and associated tasks, by participating and interacting with the required elements of the Framework in a timely manner.</li> </ul> <p><b>104/23b: Annual General Meeting</b></p> <p>The Chair invited members of the public to the Trust Annual General Meeting (AGM), taking place on Wednesday 30 August, at 1430hrs, and was pleased to note that this would be the first such meeting held in public since the pandemic.</p> <p>Members of the public were directed to the Trust's website, which contained further details of the event, and the process for submitting questions on the Annual Reports and Accounts 2022-23. It was emphasised that the Board would not be taking questions regarding individuals' care, which would continue to be managed through the usual mechanisms.</p> <p><b>104/23c: Board Reports</b></p> <p>The Chair requested, in the interests of clarity for the public, that the Executive ensured they avoided excessive use of acronyms in Board reports, particularly where the acronym was not prefaced by the full title when first used in a report.</p>	
105/23	<b>Date and Time of Next Meeting</b>	

	The next regular meeting of the Board of Directors was scheduled for Thursday 12 October 2023 from 0930hrs–1330hrs, and would be live streamed to the public.	
<b>STAKEHOLDER ENGAGEMENT</b>		
106/23	<p><b>Questions from the public</b></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>	
<b>The meeting was declared closed.</b>		

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