

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

Thursday 12 October 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
Ms R Edwards	Non-Executive Director ( <i>joined at 9.45</i> )
Mrs H Flavell	Director of Nursing
Dr J Jones	Medical Director
Mr R Miner	Non-Executive Director
Prof T Purt	Non-Executive Director
Ms H Troalen	Director of Finance
<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
Ms B Barnes	Board Secretariat (Minute Taker)
<b>GUEST ATTENDANCE</b>	
Ms L Gibson	Improvement Director, NHS England (NHSE)
Mr R Green	Operations Manager, ST&W, Care Quality Commission (CQC)
Ms H Turner	Freedom to Speak Up (FTSU) Lead Guardian ( <i>Agenda items 108/23 &amp; 126/23</i> )
Mr P Jeffries	Patient Safety Specialist ( <i>Agenda item 124/23</i> )
Mr J McCloud	Clinical Lead, Patient Safety ( <i>Agenda item 124/23</i> )
Ms K Williams	Deputy Director of Midwifery ( <i>Agenda item 129/23</i> )
Mr M Wright	Programme Director, Maternity Assurance ( <i>Agenda item 129/23</i> )
<b>APOLOGIES</b>	
Ms I Robotham	Assistant Chief Executive

No.	ITEM	ACTION
<b>PROCEDURAL ITEMS</b>		
107/23	<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>Apologies were noted.</p>	
108/23	<p><b>Staff Story</b></p> <p>The Director of Governance introduced Ms Turner, FTSU Lead Guardian, to present a staff story on behalf of Kerry, a Band 6 ward sister, as part of the celebrations and awareness raising for October's 'speak up' month. Kerry was unfortunately unable to attend today's meeting due to illness.</p> <p>The Board heard that, having worked at SaTH for almost 25 years, starting as a health care assistant (HCA), Kerry had worked across a number of wards and specialties in different roles and at different levels. She talked about patients being her number one priority and taking pride in everything she does.</p> <p>Upon starting her new role in her current ward in 2021, Kerry quickly realised that there were simply not enough staff, specifically HCAs, to look after our patients. This was severely impacting on the quality of care being provided, and on staff morale. The pressures due to lack of staff meant people were regularly leaving and the issues 'just snowballed'. Kerry couldn't see a way out of it, and it was affecting her own mental health.</p> <p>Everything came to a head one day in October 2022, when Kerry realised that they were unable to provide adequate care. She said 'It dawned on me that if I didn't speak up for my patients, then no-one would'. Kerry contacted FTSU, and following a discussion and agreeing next steps, with permission from Kerry, her concerns were escalated to senior nursing. Within half an hour she was visited by the Head of Nursing, and immediately supported by people across the organisation to help make positive change.</p> <p>Kerry had since supported a large-scale recruitment campaign for HCAs across our two hospitals. She took part in an open day, accompanied prospective candidates on tours, spoke at length about the profession, and helped with the interview process. 117 HCAs were recruited, with 17 of them hired to work on Kerry's ward.</p> <p>She had also implemented a suggestion box on the ward for colleagues to put forward improvement ideas, so they could tackle issues early on and work to resolve them as a team. Improvements included signage on the ward, workload planning and communication, with the introduction of a ward newsletter.</p> <p>Kerry said, in conclusion, that if she could go back in time and tell herself to speak up sooner, she would. She commented 'I feel</p>	

	<p>listened to, supported, equipped to do a good job and, as a result, can now provide care that I am proud of to my patients’.</p> <p>Kerry was now training to be a FTSU ambassador, where she will raise awareness of speaking up, as well as signposting and supporting colleagues who wish to raise concerns.</p> <p>The Board noted Kerry’s inspiring story, and how she had been instrumental in implementing positive change, not only on her own ward, but across the whole organisation.</p> <p>The Board also took assurance from the work being undertaken to embed the value of FTSU across the Trust, to improve patient and staff experience. The Chair asked Ms Turner to relay the Board’s appreciation to Kerry and their best wishes for a speedy recovery.</p>	
109/23	<p><b>Quorum</b></p> <p>The Chair declared the meeting quorate.</p>	
110/23	<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>	
111/23	<p><b>Minutes of the previous meeting</b></p> <p>The minutes of the meeting held on 10 August 2023 were approved by the Board of Directors as an accurate record, subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• 081/23 Welcome and Introductions: Mr Miner corrected the Chair’s reference to his profession, clarifying that he was a <del>certified</del> chartered accountant.</li> <li>• 089/23 Report from the Chief Executive: Mrs Barnett requested the following correction: ‘Whilst there was a huge amount of transformation underway, and <del>improvements were starting to be seen,</del> <i>improvements were being delivered, the scale was not yet sufficient to achieve our ambition</i>’. <del>it was recognised that these were not yet at the scale required to deliver tangible sustained benefits for patients.</del></li> <li>• 101/23 Q1 Board Assurance Framework: Ms Milanec noted that a correction was required to the date referred to in the paragraph relating to the Data Security &amp; Protection Toolkit (DSPT), clarifying that the Trust had been instructed to submit an action plan by the end of <del>March 2024</del> <i>June 2023</i>.</li> </ul>	
112/23	<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>• Prof Purt confirmed that he was content for action log numbers 25 (Criteria Led Discharge) and 26 (Waiting List Initiative) to be closed, following updates from Executive Directors, noting that these would be picked up through the Audit &amp; Risk Assurance Committee going forward.</li> <li>• Action Log number 27 to be closed, noting that video clips from the Lighthouse Service presentation at a recent Ockenden Report Assurance Committee meeting would be brought to a future Board meeting.</li> <li>• Action Log number 30 to be closed, following confirmation that Mr Neal, as Director of HTP, would be the most appropriate lead executive for BAF Risk 11 (HTP), recognising that he reports direct to the Chief Executive in this regard.</li> <li>• Action Log number 28 to remain open until a date had been confirmed for a Board awareness session on the Patient Safety Incident Response Framework (PSIRF).</li> <li>• Action Log number 29, with regard to a refresh of risk appetite scores, was noted as not yet due/pending.</li> </ul> <p>No further actions were listed for review.</p>	
113/23	<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>		
114/23	<p><b>Report from the Chair</b></p> <p>The Board of Directors received a verbal report from the Chair, which covered the following points:</p> <ul style="list-style-type: none"> <li>• Annual General Meeting (AGM): Dr McMahon thanked Board colleagues for their contributions in delivering the AGM on 30 August, and extended particular thanks to the 30+ members of the public who attended. Observing members of the public were directed to publication on the Trust website of the executive presentations, YouTube videos, and responses to the questions submitted.</li> <li>• Fit and Proper Person (FPP) Annual Review: For information of observing members of the public, Dr McMahon advised that the annual FPP review had recently been undertaken for all Board members, and no issues had been identified. A bi-monthly FPP update was currently received at the Remuneration Committee however, under the newly introduced FPP framework, an annual report would be received at Board from 2024.</li> </ul>	

	<ul style="list-style-type: none"> <li>• System-wide mortality metrics: The Chair recognised the recent publication in the Integrated Care Board (ICB) Board papers of 27 September 2023, of a report on system-wide mortality metrics and, in particular, neonatal, infant and child mortality rates. These data had been discussed at the latest Ockenden Report Assurance Committee (ORAC) meeting, and the Board was referred to information provided by Dr Jones at that meeting, as detailed within the ORAC report (see agenda item 125/23).</li> <li>• CQC inspection: The CQC had been welcomed to the Trust earlier that week, to carry out inspections at both PRH and RSH. This was further referenced by the Chief Executive in her report below.</li> </ul> <p>The Board of Directors noted the report.</p>	
115/23	<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 confirmed that initial visits to the Trust by the CQC inspection team earlier that week had been concluded, however the overall inspection was ongoing, and would continue over a number of weeks. During that time, the Trust would have the opportunity to provide further supporting information relating to the inspection findings, and would be responding to additional information requests. The outcome would be reported when the final report was available from the CQC.</p> <p>Advising that there were no further exceptional items to report under this agenda item, Mrs Barnett drew colleagues' attention to the subsequent Integrated Performance Report (IPR) and Getting to Good (G2G) 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>	
<b>REPORTS FROM ASSURANCE COMMITTEE CHAIRS</b>		
116/23	<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>• Declarations of Interest via the Electronic Staff Record (ESR): Prof Purt updated the Board on the latest Trust compliance rate, which had increased from the reported 39.5% at the ARAC meeting of 4 October, and now stood at over 51%. In response to a query from Mr Brown on the compliance figure when compared with previous years, Ms Milanec provided the context that when she started at</li> </ul>	

	<p>the Trust in 2020 there were only 19 Declarations of Interest on the Register across the entire Trust, so the situation was now very much improved. Ongoing awareness communications and training sessions were planned, and it was anticipated that the compliance rate should reach the Counter Fraud Authority recommended compliance standard of 80% by the end of March 2024.</p> <ul style="list-style-type: none"> <li>Internal audit recommendations: Prof Purt reminded colleagues that the Committee had expressed concern at the last Board meeting on the number of internal audit recommendations outstanding. He was pleased to report that the number of outstanding recommendations had since reduced by 50%. ARAC would continue to focus on those still outstanding, recognising that a number of the recommendations could potentially be de-scoped (ie following the same methodology used in the Ockenden Review Action Plan), resulting in a further significant reduction.</li> </ul> <p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p>	
117/23	<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>Impact of ongoing Industrial Action on Trust Improvement plans/actions: Ms Biffen confirmed that improvement work was on track currently, helped by the fact that the structure of the Trust's improvement programmes was now becoming stronger. However as every month went by, the strikes were having more of an impact. Mrs Flavell highlighted that the ongoing action was resulting in a new risk from an education perspective, with an impact on staff availability for training. For example, early indicators showed that achieving safety action 8 of the Clinical Negligence Scheme for Trusts (CNST) relating to training, was at risk, as were the completion of national courses such as paediatric life support.</li> <li>Neonatal staffing: the shortage of staff Qualified in Specialty was resulting in staffing gaps which were being met by bank and off-framework agency. In response to a query from Mr Dhaliwal, Mrs Flavell confirmed that whilst there were no vacancy issues per se in Neonatal, there was a skill mix challenge, resulting in a workforce gap with regard to the numbers needed in terms of Qualified in Specialty nurses. The situation was being tracked daily and, if a particular skill set was not available, bank or off-framework agency staff (as a last resort), as appropriate, would be used. It was confirmed that this issue was recorded on the Risk Register. Ms Troalen confirmed, from a financial efficiency</li> </ul>	

	<p>perspective, that there was a very robust process in place around the use of agency, which was reviewed twice a day.</p> <p>In response to a query from Mr Miner on why one of the most expensive agencies was being used, Mrs Flavell clarified that this was only where there was no other option due to the highly skilled nature of the roles required. She confirmed that other agencies were being actively explored, however certain skill sets were not widely available and therefore expensive. Mrs Flavell stressed that agency support would cease when the neonatal Qualified in Specialty levels increased.</p> <ul style="list-style-type: none"> <li>• Learning from Deaths: Dr Jones clarified that reference to the SaTH mortality rate being higher than the national average was specifically referring to ED (the Trust rate generally was below average). Although the number of deaths in ED had now fallen, and investigations to date highlighted no specific safety signal, Dr Jones provided assurance that the investigations continued, and reasons would be explored in the final report.</li> </ul> <p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p>	
118/23	<p><b>Finance &amp; Performance Assurance Committee (FPAC) Report</b></p> <p>The Board of Directors received the report from the Committee Chair, Mr Dhaliwal.</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>• Challenges in UEC pathways: Despite slightly lower ED attendance, there had been an increase in direct medical referrals in the acute medical floor (who would have previously been seen in ED). Initial assessment times had improved in both July and August and there continued to be an improvement programme focusing on this. Ambulance handovers over 60 minutes and overall ED performance, had both deteriorated, despite the length of stay for both simple and complex discharge pathways improving. Ms Biffen advised of the following key actions to be taken for September and October 2023: <ul style="list-style-type: none"> <li>○ Improved utilisation of Same Day Emergency Centre (SDEC) on both sites with support from KPMG</li> <li>○ 'Criteria to admit' audit undertaken and actions to be implemented</li> <li>○ Alternative pathways to ED (including frailty and urgent outpatient clinics)</li> <li>○ Maximise use of Urgent Treatment Centres (UTC) with support from Malling Health</li> <li>○ Review of acute floor processes with clinical support from NHSE</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• Discharges: Discharges remained incredibly challenging, and support had been welcomed from the National Discharge Lead, who had now visited the Trust twice. Improvements were being seen in some areas, with eight wards performing well on discharges. Fortnightly meetings were taking place to provide an opportunity for shared learning.</li> </ul> <p>Mr Brown commented that he had recently observed the discharge process on both sites, which appeared to be very slow, primarily due to what appeared to be a delay in sign-off of medication by Doctors. Mr Lee responded that one of the key underlying factors in the delays was the manual systems that were still needing to be used within the organisation. He provided assurance that the introduction of the Electronic Patient Record (EPR) in the next financial year would be a key contributing improvement factor.</p> <p>In response to a query from Prof Purt on whether the Virtual Ward (VW) numbers were increasing, Ms Biffen advised that numbers were currently static, and the Trust was working alongside another organisation to learn from their experiences. It was felt that there was still an opportunity to get more out of the VW, and the Board would be kept informed of progress.</p> <ul style="list-style-type: none"> <li>• Winter assurance: Ms Biffen reported that colleagues were participating in peer reviews along with NHSE. In response to a query from the Chair on whether the Trust’s Improvement Team joined clinical and operational colleagues on visits to other Trusts, Ms Biffen advised that this was not currently the case, but she took an operational action to discuss with appropriate colleagues.</li> <li>• Out of hospital services: The Trust was working with our partners on opportunities to strengthen out of hospital services, noting that this was critically important to ensuring people did not have to come into hospital where alternative appropriate pathways were available.</li> </ul> <p>The Board of Directors noted the report, and took assurance from the ongoing monitoring activity by the Committee.</p>	
119/23	<p><b>People &amp; Operational Development Assurance Committee (PODAC) Report</b></p> <p>The Board of Directors received the report from the Committee Chair, Mrs Boughey.</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>• Corporate Fit &amp; Proper Persons (FPP) Policy: The updated policy, to reflect the new national framework, had been reviewed, and approval recommended to the Board (see agenda item 133/23).</li> </ul>	



	<ul style="list-style-type: none"> <li>• Committee meeting frequency: The Committee proposed to review the current frequency of PODAC meetings at its December meeting, due to the level of importance of the People &amp; OD agenda to Trust improvement.</li> <li>• Committee Terms of Reference: The revised PODAC Terms of Reference had been reviewed and approval recommended to the Board.</li> </ul> <p>Mrs Flavell queried whether there was any scope for herself and Dr Jones to join the Committee, as the clinical workforce was not currently represented. An operational action was taken to discuss this further offline, noting that a balance was required of committee memberships. (This issue was subsequently addressed in agenda item 135/23).</p> <p>The Board of Directors noted the report, and took assurance from the ongoing monitoring activity by the Committee.</p>	
120/23	<p><b>Ockenden Report Assurance Committee (ORAC) Report</b></p> <p>The Board of Directors received the report from Dr McMahon, as Co-Chair of the Committee.</p> <p>The report was taken as read, and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Discussion and Reflection: When the Committee was established in 2021, there was a significant amount of external participation in the meetings, including public participation. As this was now reducing, it was recognised that there was a need for the Committee to remain extra vigilant in its challenge of the information shared. Dr McMahon emphasised that it continued to be a priority to re-establish the confidence and trust of our local communities in our services. Mrs Flavell provided assurance that there continued to be externality on the Maternity Transformation Assurance Committee (MTAC), from the Maternity Voices Partnership (MVP), the Local Maternity and Neonatal System (LMNS) and NHSE.</li> <li>• Raising of Concerns: Mrs Boughey, in her capacity as the Non-Executive Director (NED) Lead for FTSU, enquired whether Dr Lyttle, as the NED Board Maternity &amp; Neonatal Safety Champion, met with the FTSU Lead Guardian. The Chair responded that it was not part of the mapped role for the NED Safety Champion, whilst Mrs Flavell confirmed that she met regularly with Ms Turner, and there was a large amount of oversight and work ongoing in partnership with FTSU colleagues. Noting that the NED Safety Champion was another route by which concerns could be raised, an operational action was taken to discuss this matter further offline.</li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>Committee Meetings:</b> Given the progress made with the Independent Maternity Review actions and in keeping with the intention to move the work of the Committee into existing assurance arrangements in 2024, the last meetings of the Committee would take place in February and April 2024, on dates to be confirmed. The operational assurance framework underpinning the Independent Maternity Review work would continue, but will report into QSAC.</li> </ul> <p>The Board noted the report, and took assurance from the ongoing monitoring and challenge undertaken by the Committee.</p>	
--	---	--

<b>STRATEGIC, QUALITY AND PERFORMANCE MATTERS</b>		
---	--	--

121/23	<p><b>Trust Strategy Update Report</b></p> <p>The Board of Directors received the report from the Interim Director of Strategy and Partnerships, which was taken as read.</p> <p>The Board’s attention was drawn to Section 1 of the report, showing the public website link for our Trust strategies; and to Section 3, highlighting the ongoing work with supporting strategies.</p> <p>Colleagues were advised of the ongoing cross-reference of strategies across the system through the ICB Strategy Committee. Mr Lee also provided the following further examples:</p> <ul style="list-style-type: none"> <li>• There was a focus on system strategies in his current part-time role with the ICB;</li> <li>• Mr Lee and Dr Jones had been working closely with the ICB Clinical Medical Director on the Trust Clinical Services Strategy;</li> <li>• Mr Lee chaired the System Digital Delivery Group; and</li> <li>• the Hospitals Transformation Programme (HTP) work had been a real example of integrated strategic working across the system.</li> </ul> <p>Assurance was also provided to the Board that the Trust strategy linked closely with the Local Care Transformation Programme, and partnership working to deliver services across the county.</p> <p>The Board of Directors noted the report and the work underway to ensure there was a truly integrated approach, together with public engagement, in our strategies.</p>	
--------	---	--

122/23	<p><b>Integrated Performance Report (IPR)</b></p> <p>The Board of Directors received the report from the Chief Executive, providing an overview of the performance indicators of the Trust to the end of July/August 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.</p> <p>Mrs Barnett informed the Board that the IPR was in the process of being shortened to reflect the organisation’s operational plan priorities, and drew colleagues’ attention to the 2023-24 Operational</p>	
--------	--	--

Plan Objectives and Operational Plan Enablers which were now included in the report. Mindful that the report remained quite lengthy, and noting that there were detailed discussions on the IPR at Board Assurance Committees, focus continued on further refinement, recognising the challenge of summarising effectively whilst not losing clarity.

Board colleagues provided positive verbal feedback on the new reporting format, and looked forward to its further refinement. Mr Brown queried whether monthly reporting consistency could be introduced, and it was confirmed that this was in hand, which it was recognised would support the triangulation process.

### **Executive Summary**

Mrs Barnett firstly thanked all teams across the organisation for the phenomenal and inspiring job they were doing in ongoing exceptionally challenging circumstances, recognising that at the heart of this was a focus from colleagues on the safety and experience of our patients.

She also provided thanks to Ms Biffen and all colleagues involved in the Trust's Elective Recovery work. This had resulted in the Trust recently being stepped down nationally from Tier 1 to Tier 3, although the Trust remained very mindful of the number of patients still on our waiting lists.

Mrs Barnett invited questions to her executive colleagues, by exception, on subsequent sections of the report:

### **Patient Safety and Clinical Effectiveness**

- The Chair thanked Dr Jones and Mrs Flavell for their transparency in reporting that the recent drug chart VTE intervention had not been effective and would no longer be pursued as an intervention. Dr Jones confirmed that discussions were underway on next steps, and a pilot was being proposed to include VTE assessment on the ward checklist.

### **Responsive**

- Ms Edwards queried the bed occupancy rate of 89.8%, and whether correct information was being received. Ms Biffen confirmed that this included paediatric beds, and she provided assurance that there were no beds closed on medical wards or assessment areas for staffing reasons. There were five beds closed on paediatrics due to staffing. Prof Purt queried how recovery timescales were monitored, and Ms Biffen confirmed that monitoring meetings took place weekly, with a governance and reporting process into the UEC Group, reporting into the UEC Delivery Board, which reported into FPAC.
- Ms Biffen provided an update to the data reported in the IPR on Faster Diagnosis Standards (FDS) in cancer, advising the Board of the achievement of 75.5%, against a milestone of 70%.

	<p><b>Well Led: Workforce</b></p> <ul style="list-style-type: none"> <li>Mr Miner queried the strategy around the workforce demographic, and Mrs Boyode responded on the complexity around this. She highlighted crucially that this could not be considered by SaTH in isolation. Work was ongoing collectively with system colleagues to understand the demographics and to consider employment opportunities and a recruitment strategy that were inclusive of people at different life stages.</li> </ul> <p><b>Well Led: Finance Summary</b></p> <p>There were no questions by exception.</p> <p>The Board of Directors noted the Integrated Performance Report, and took assurance from the systems of control which were in place.</p>	
123/23	<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>The Board's attention was drawn to sections 3, 4 and 5 of the report, which provided a performance overview.</p> <p>Questions by exception were as follows:</p> <ul style="list-style-type: none"> <li>Theatre Productivity: Responding to the observation from Mr Brown that this programme had been off track for some time, Ms Biffen confirmed that the delivery timeline was scheduled for March 2024.</li> <li>Outpatient Transformation: The Chair queried whether there was any opportunity to mitigate against post-treatment PIFU pathways not being supported by the SemaHelix system, rather than needing to be deferred until the implementation of Careflow, the Trust's new Patient Administration System. Mr Lee and Ms Biffen took an operational action to explore this offline.</li> </ul> <p>The Board of Directors noted the report, and the progress of the G2G programme in August 2023.</p>	
<b>REGULATORY AND STATUTORY REPORTING</b>		
124/23	<p><b>Patient Safety Incident Response Framework (PSIRF) Policy and Plan</b></p> <p>Mrs Flavell introduced Mr Jeffries, Patient Safety Specialist, and Mr McCloud, Clinical Lead for Patient Safety, who were welcomed to the meeting for this item.</p> <p>The Board's attention was drawn to table 3 in the response plan, outlining the initial PSIRF safety priorities of:</p> <ul style="list-style-type: none"> <li>The adult deteriorating patient</li> <li>Falls</li> </ul>	

- Missed radiology results
- Omitted doses of time critical medication

The report was taken as read, and the following assurances were provided by Mr Jeffries and Mr McCloud in response to questions from Non-Executive Directors:

- The new framework had benefits from both a quality of learning and a patient perspective, and would mean that the 60 day Serious Incident (SI) review process timeframe could be reduced. It was confirmed, however, that there was nothing to stop the Trust undertaking a patient safety incident response review on the current basis if considered to be appropriate.
- A Datix triage process was being introduced, and the mock triage which had been taking place had resulted in much quicker awareness of incidents for rapid review.
- The importance was recognised of effective communication with families from the outset.
- An early meeting had also taken place with the Coroner to explain how the new framework would operate.
- The Trust was following national guidance, and no local nuances were being made to processes, although each provider was able to set their own priorities, as detailed above. Conversations had taken place with other organisations to ensure there was alignment on plans and policies, and all ICB providers would be moving to the new framework at the same time in November. It was considered that the new framework would ensure processes were much more robust and responsive.

The following additional matters were raised:

- Inconsistencies were highlighted in the two documents when referring to services in the community or outreach, and it was noted that the Trust also had sub-contracted services, such as Radiology, which were not clearly laid out in the PSIRF guidance. References in the documents to Executive Medical Directors (plural) were also queried, noting that clarity was required on whether this was incorrectly referring solely to Dr Jones or also to Divisional Medical Directors.
- The need was recognised for greater internal communication to increase awareness of the new framework across the Trust, and Mr Jeffries and Mr McCloud were appreciative of the offer of support on this from the Communications team.

Mrs Flavell thanked Mr Jeffries and Mr McCloud for joining to present this item, and for providing information to the Board on how PSIRF would shape improvement across the system.

	<p>The Chair extended a return invitation to both colleagues a few months after the launch of the framework, once direct experience and patient and family feedback were available.</p> <p>The Board of Directors approved the PSIRF Plan and Policy, in order for the Trust to transition to the Patient Safety Incident Response Framework.</p>	
125/23	<p><b>How we Lean from Deaths Report Q1 2023-24</b></p> <p>The Board of Directors received the report from the Medical Director, which was taken as read.</p> <p>Dr Jones expressed his confidence that the organisation was looking at deaths in a systematic way, but he advised that focus for the next phase would be greater specificity on the findings and actions from Structured Judgement Reviews (SJRs).</p> <p>The Board was informed of the focus that was taking place on seeking to understand the regional neonatal mortality rate, in the context of the West Midlands having the highest neonatal mortality rate in the country, with rates above average for a number of years.</p> <p>An expert external review was currently underway on neonatal mortality in the Trust, recognising that we had a clear responsibility, as an acute hospital, to gain an understanding of the factors that we can influence. Dr Jones cautioned, however, that there was also a need to be mindful of wider considerations, noting that there were many factors that impacted on neonatal mortality. In this regard he referenced a report published in 2021 which concluded that 30% of neonatal deaths included factors around deprivation.</p> <p>Dr Jones additionally advised that he had requested an external expert review of the Perinatal Mortality Review Tool (PMRT) process, which was used as a tool to standardise how deaths were reviewed in conjunction with external visiting reviewers to the Trust.</p> <p>There was subsequent discussion with regard to deprivation, and the potential consideration of data available via the ICB. Dr Jones cautioned, however, that care should be taken that time was not spent in setting out to prove a fact. Rather, the assumption should be that deprivation is linked with mortality.</p> <p>Mr Lee advised that there was now a single system group looking at Population Health, and the Trust would be party to discussions on the use of data. He observed with regard to deployment, however, that the best method would be through Place-based working and at neighbourhood level.</p> <p>Finally, with regard to reference in the report to support for patients with learning disabilities, Dr Lyttle highlighted the importance of having this specialist input available. Mrs Flavell confirmed in</p>	

	<p>response that there was now an ICB lead for learning disabilities, and a mental health lead was also now established in the Trust.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
126/23	<p><b>Freedom to Speak Up Guardian’s Report Q2 2023-24</b></p> <p>Ms Milanec introduced Ms Turner who had re-joined the meeting for this item.</p> <p>The report was taken as read, and the following key points were covered:</p> <ul style="list-style-type: none"> <li>• It was noted that a colleague who had raised patient safety concerns had subsequently dropped-out of the FTSU process due to the fear of repercussions. Assurance was provided that Ms Turner had continued to pursue and resolve the issues, with the involvement of the Director of Nursing.</li> <li>• With regard to ‘silences’, Dr Jones highlighted the prevalence of sexual harassment issues across the NHS, which had recently been nationally reported in the media. He stressed that it should be the assumption that the same applies to our organisation, rather than proving that to be the case.</li> <li>• Colleagues were reminded of a Board workshop scheduled with Ms Turner for 1 November, to discuss what else could be done to encourage colleagues to speak up, and to focus on the next steps for the Board and the organisation on the speaking up agenda.</li> </ul> <p>The Chair highlighted, for Ms Turner’s consideration, that the workshop might also provide an opportunity, in a closed environment, to explore the background to concerns expressed by wider teams, without breaching confidentiality.</p> <ul style="list-style-type: none"> <li>• Mrs Boughey sought assurance from Ms Turner that she felt she had as much access to the Board as she needed. Ms Turner provided that assurance, and the Chair clarified that this should be an ongoing open discussion, with FTSU permanently on the agenda, with a particular intensity of focus as a Board over the next few months.</li> </ul> <p>The Board of Directors noted the report, and welcomed discussions at the forthcoming Board workshop.</p>	
127/23	<p><b>Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Reports 2022-23</b></p> <p>The Board of Directors received the reports from the Director of People &amp; OD, which were taken as read.</p> <p>The following points were covered in subsequent discussion:</p>	

	<ul style="list-style-type: none"> <li>• The importance was recognised of creating an environment across the organisation of inclusion, fairness and respect, and the important role that leaders could contribute in ensuring this was achieved for all inclusion groups.</li> <li>• It was noted that an ED&amp;I objective was being introduced for all Board colleagues, with Mrs Boughey working with colleagues on individual objectives for NEDs, and Mrs Boyode working with the Chief Executive on individual objectives for the Executive Team.</li> <li>• The system had also stated that they recognised the importance of collaborative working to achieve equality for all colleagues.</li> <li>• In response to a query from Mr Miner on Talent Conversations, Mrs Boyode advised of the extensive training which was being rolled out to support both managers and appraisees. It was hoped that by next year colleagues would be able to see a clear pathway for their career development.</li> <li>• Referring to waiting list performance, discussion took place on whether there was any data available to indicate whether Trust BAME colleagues were waiting longer for surgery. Whilst that data was not currently available, Mr Lee advised colleagues that work had recently been taking place with the Business Intelligence (BI) team on what analysis could be undertaken on our waiting lists. Early information was available based on indices of deprivation, and further investigation was taking place on the possibility of identifying other specific information.</li> <li>• Colleagues observed a number of grammatical and typographical errors in the narrative and tables within the reports, and it was agreed that these would be relayed to Mrs Boyode offline.</li> </ul> <p>The Board of Directors noted the progress with the Trust’s WRES and WDES actions and our continued improvement journey, and approved the reports and action plans for publication on the Trust’s website, subject to the required corrections being made.</p>	
128/23	<p><b>Emergency Planning, Resilience and Response (EPRR) Annual Report 2022-23</b></p> <p>The Board of Directors received the report from the Acting Chief Operating Officer, which was taken as read.</p> <p>Based on ratings detailed within the report, it was noted that the Trust categorised itself as partially compliant.</p> <p>Mr Brown, as the NED lead for EPRR, was pleased to note that the evidence links within the report were very strong. It was also noted that in areas where the organisation was partially compliant, mitigating actions were being taken.</p>	



	The Board of Directors approved the annual EPRR report.	
<b>ASSURANCE FRAMEWORK</b>		
129/23	<p><b>Integrated Maternity Report</b></p> <p>The Board of Directors received the report from the Director of Nursing, who was joined for the item by Mrs Williams, Deputy Director of Midwifery (on behalf of Mrs Lawrence), Ms McInnes, W&amp;C Divisional Director of Operations, and Mr Wright, Programme Director, Maternity Assurance.</p> <p>Mrs Flavell expressed appreciation to her colleagues for the extensive work that had gone into the production of this newly formatted report. The Board was invited to provide any feedback offline on the structure and content of the report, which had been compiled to meet the requirements of the Independent Maternity Review.</p> <p>Colleagues were referred to the detail contained within the report, which was taken as read, and the following key points were covered:</p> <ul style="list-style-type: none"> <li>• Good progress continued to be made with the actions arising from the Independent Maternity Review, the overall Maternity Transformation Plan, the CNST MIS Year 5 scheme, and the Black Maternal Health Plan. The serviced continued to manage and mitigate any risks to these within its control, as identified within the report.</li> <li>• The attention of the Board was drawn to the information in Section 5 of the report, and the accompanying comprehensive CNST information pack.</li> <li>• With regard to actions being taken where there was risk of non-delivery of a CNST action, the Chair sought assurance from maternity colleagues on the level of confidence that the risk to women and babies was being managed through mitigation. Mrs Flavell provided assurance on the robust mitigation plans around safety, and confirmed that medical colleagues were satisfied with the risk management processes and procedures in place.</li> <li>• Noting that CNST Safety Action 6 contained an additional requirement around diabetes, Mrs Williams provided assurance that the Trust had its own process which was more robust than the requirement under the CNST guidance, whereby this was being identified earlier in gestation.</li> <li>• The Board was advised that there would need to be a meeting in advance of the CNST submission deadline of 1 February 2024, to receive the final pieces of information, and to provide approval for the Chief Executive to make the submission on behalf of the Board of Directors. It was clarified that there would not be time for the final information to be taken through the required governance and assurance systems and processes before the December 2023</li> </ul>	DoN / DCG

	<p>Board meeting. The Chair confirmed that a Board Seminar would be arranged in early January 2024, for this purpose</p> <ul style="list-style-type: none"> <li>The Board’s attention was drawn to Appendix 3 to the report, the Royal College Of Obstetrics &amp; Gynaecologists (RCOG) Closure Report. Colleagues were reminded that there were certain elements in the RCOG report published in 2020 that the Board needed to receive assurance on. QSAC had received the closure report and was satisfied that the actions arising from the RCOG report were complete or had been superseded, and have had the intended outcome. The Board was asked to take assurance from the summary provided against all of the actions.</li> <li>Noting that due diligence had now been completed on all historic maternity reports, including the RCOG report, assurance was provided by Mrs Flavell and maternity colleagues that there were no gaps in the Board’s knowledge or assurance. The Chair expressed her thanks, on behalf of the Board, to all colleagues who had been involved in this extensive but important piece of work.</li> </ul> <p>The Board of Directors noted and took assurance from the comprehensive content of the report, and confirmed in particular that they had received and noted:</p> <ul style="list-style-type: none"> <li>the CNST MIS Year 5 Progress Report, as detailed within Section 5 of the Integrated Maternity Report; and</li> <li>the accompanying CNST Information pack included as Appendix 4 to the Integrated Maternity Report.</li> </ul>	
130/23	<p><b>Incident Overview Report</b></p> <p>The Board of Directors received the report from the Medical Director and Director of Nursing, which was taken as read.</p> <p>The Board’s attention was drawn to section 6, relating to overdue incident reports, which continued to show improvement; and sections 8 and 9, outlining the themes and trends identified from serious incidents raised and closed in July and August 2023.</p> <p>Dr Jones provided particular assurance to the Board that all serious incidents relating to children were included in the Paediatric Improvement Programme which he chaired.</p> <p>Dr Lyttle observed reference in the report to incidents across the emergency pathway, which were thought to be related to pressures in ED and the medical pathway, causing staff to miss what would not normally be missed. Dr Jones responded that it was not possible to provide the same level of care in an overcrowded ED as on a ward. He provided assurance that all incidents were very comprehensively reviewed at weekly meetings of the Review Action and Learning from Incidents Group (RALIG), in addition to analysis of mortality data, and reviews through the Rapid Review Process. An extensive amount of</p>	

	<p>feedback was also received from colleagues, and the Executive additionally spent a considerable amount of time visiting departments, ED in particular.</p> <p>In response to a query from the Chair, Mrs Flavell confirmed that no particular themes had been identified with regard to patients who needed considered care caused by longer than necessary stays in hospital (No Criteria to Reside patients). Assurance was provided that appropriate measures of care were put in place for longer stay patients should they be required.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
131/23	<p><b>Risk Management Update Report</b></p> <p>The Board of Directors received the report from the Director of Governance, which was taken as read.</p> <p>Ms Milanec drew the Board's attention to the full copy of the formal risk register which had been circulated by email prior to the meeting, and Prof Purt advised that ARAC had received the first drafts of the risk policy, risk strategy, risk management assessment form, and risk management group terms of reference at its meeting on 4 October. These were to be refined further, and brought back to a future meeting for review, and recommendation of approval to the Board, where appropriate.</p> <p>Assurance was received from Ms Milanec on the reference in the report to the closure of older risks on the risk register, as this wording was not correct. The Board was advised that older risks were being reviewed to take account of where causes may have changed, eg due to environmental factors etc. Where appropriate, she assured colleagues that these would still be included on the risk register, and would not simply be closed.</p> <p>Ms Edwards commented that a Trust risk register, in the form of a refined report to focus on key items, would be very welcomed at QSAC. Mrs Barnett confirmed that the large amount of work which needed to be done on wider risk management development would be the immediate focus. This would be followed by embedding and sustaining risk management controls and compliance across the organisation.</p> <p>The Board of Directors noted the report.</p>	
132/23	<p><b>September 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 Ward 6 (Cardiology) at PRH, and Wards 37 (Surgery) and 27 (General Medicine) at RSH.</p>	

	The Chair invited colleagues to provide any feedback on the newly formatted report.	
<b>BOARD GOVERNANCE</b>		
133/23	<p><b>Corporate Fit and Proper Persons (FPP) Policy</b></p> <p>The Board of Directors received the report from the Director of Governance and Director of People &amp; OD, and noted that the FPP policy had been reviewed and updated in line with the new national framework.</p> <p>It was confirmed that PODAC had reviewed the draft changes to the policy, and agreed that it should be recommended to the Board for approval.</p> <p>Due to the urgency required in approving the policy to ensure it reflected the requirements of the new framework, and as the meetings to progress the policy through operational governance and consultation were taking place during October and would not be complete before today's Board meeting, the Board of Directors was requested to provide delegated authority to the Director of Governance and Director of People &amp; OD to approve the final version of the policy once the governance process had been concluded.</p> <p>The Board of Directors approved the updated Corporate Fit and Proper Persons Policy on the basis of the above delegation.</p>	
134/23	<p><b>Managing Conflicts of Interest Policy</b></p> <p>The Board of Directors received the report from the Director of Governance, who confirmed that the policy had been updated to incorporate recent changes.</p> <p>Noting that the updated policy had been reviewed and agreed by ARAC at its meeting on 4 October 2023, the Board of Directors approved the updated Managing Conflicts of Interest Policy.</p>	
135/23	<p><b>People &amp; Organisational Development Assurance Committee (PODAC) Terms of Reference (ToRs)</b></p> <p>The Board of Directors received the report from the Director of Governance and Director of People &amp; OD, noting that the ToRs had been updated to reflect the revised Committee composition and membership.</p> <p>The Committee proposed to review the frequency of meetings, together with a forward plan to reflect the strategic People priorities, both at SaTH and the wider system, at its December meeting.</p> <p>Section 5 of the ToRs, relating to attendees, was highlighted to the Board, noting that this addressed the issue raised by Mrs Flavell earlier in the meeting, under agenda item 119/23.</p>	

	<p>Noting that the updated ToRs had been reviewed and agreed by PODAC at its meeting on 25 September 2023, the Board of Directors approved the current version of the People &amp; Organisational Development Assurance Committee Terms of Reference.</p>	
136/23	<p><b>Audit &amp; Risk Assurance Committee (ARAC) Terms of Reference</b></p> <p>The Board of Directors received the report from the Director of Governance, noting that the ARAC Terms of Reference had been subject to their annual review, and the proposed revisions were agreed by the Committee on 4 October 2023.</p> <p>The Board of Directors approved the updated Terms of Reference of the Audit &amp; Risk Assurance Committee.</p>	
137/23	<p><b>Board Member Interests Report</b></p> <p>The Board of Directors received the report from the Director of Governance, providing the bi-annual update on Board member interests, from the Trust register of interests, at 25 September 2023.</p> <p>Ms Milanec apologised that, due to a technical issue, some interests had not pulled through from the Electronic Staff Record (ESR), and the details included within Appendix 1 were therefore incomplete. The issue had since been resolved, and the corrected report had been circulated to all Board members by email, with a request to advise Ms Milanec if there were any further discrepancies.</p> <p>The Board of Directors noted that the register of interests was reviewed by ARAC at its meeting on 4 October 2023, and that the subsequently corrected version would be published on the Trust website shortly.</p>	
<b>PROCEDURAL ITEMS</b>		
138/23	<p><b>Any Other Business</b></p> <p>There were no further items of business.</p>	
139/23	<p><b>Date and Time of Next Meeting</b></p> <p>The next meeting of the Board of Directors in public was scheduled for Thursday 14 December 2023 from 0930hrs–1330hrs, and would be live streamed to the public.</p>	
<b>STAKEHOLDER ENGAGEMENT</b>		
140/23	<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>		