

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

Thursday 14 December 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>left the meeting at 1300hrs</i> )
Ms R Edwards	Non-Executive Director ( <i>joined the meeting at 0940hrs</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 I Robotham	Assistant Chief Executive
Ms B Barnes	Board Secretariat (Minute Taker)
<b>GUEST ATTENDANCE</b>	
Ms L Gibson	Improvement Director, NHS England (NHSE)
Dr B Barrowclough	Guardian of Safe Working ( <i>Agenda item 161/23</i> )
Ms W Mann	Assistant Director, Medical People Services ( <i>Agenda item 161/23</i> )
Ms K Williams	Head of Midwifery ( <i>Agenda item 162/23</i> )
Ms C McInnes	Divisional Director of Operations, W&C Services ( <i>Agenda item 162/23</i> )
Mr M Wright	Programme Director, Maternity Assurance ( <i>Agenda item 162/23</i> )
<b>APOLOGIES</b>	
None	

No.	ITEM	ACTION
<b>PROCEDURAL ITEMS</b>		
141/23	<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 also extended a warm welcome to three colleagues from the Trust's Galvanise Leadership Programme, who were observing today's meeting.</p> <p>There were no apologies.</p>	
142/23	<p><b>Patient Story</b></p> <p>The Director of Nursing introduced a digital story, in which the relative of a patient described their experience of being discharged from the Trust with the absence of a discharge letter, the impact this had, and how support was provided through accessing the Patient and Liaison Services (PALS) team.</p> <p>The storyteller described her positive experience of the support she received from the PALS team, once she had become aware of the service through the Trust website. She highlighted the need to promote PALS wider across the community, so that other patients and the people important to them could benefit from the support of PALS in navigating healthcare services or resolving concerns about their care.</p> <p>The Board was pleased to note the wide range of actions which had been taken, or were in progress, to promote PALS following the patient story, both inside and outside of the Trust.</p> <p>With regard to the issue of the patient being discharged without a discharge letter, Mrs Flavell clarified that the systems operated within the Emergency Department (ED), ie the point of discharge in this case, differed to those elsewhere in the hospital and, as a result, the generation of discharge letters from ED had historically worked differently. The importance was recognised, however, of the need to rectify this logistically as soon as possible, to ensure that discharge letters were produced in a timely manner, and that there was seamless communication between primary and secondary care. Ms Biffen advised that this activity had been incorporated into the Emergency Care Transformation Programme, and a solution was currently being tested with the team, which should be implemented within the next month on both sites. It was agreed that progress would be confirmed under Matters Arising at the Board meeting in February 2024.</p> <p>The Chair asked that Mrs Flavell relay the thanks of the Board to the PALS team for the great work they are doing for our patients, their families, and our wider communities.</p>	
143/23	<p><b>Quorum</b></p> <p>The Chair declared the meeting quorate.</p>	

144/23	<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>	
145/23	<p><b>Minutes of the previous meeting</b></p> <p>The minutes of the meeting held on 12 October 2023 were approved by the Board of Directors as an accurate record.</p>	
146/23	<p><b>Action Log</b></p> <p>The Board of Directors reviewed the action log and agreed the closure of action log numbers 28 and 29, both of which related to the scheduling of Board Seminar programmes, the arrangements for which were confirmed as in hand.</p> <p>No further actions were listed for review.</p>	
147/23	<p><b>Matters arising from the previous minutes</b></p> <p>Agenda item 127/23 – WRES and WDES Reports: The Director of People &amp; OD confirmed that all data and grammatical errors, as highlighted at the meeting of 12 October 2023, had been subsequently corrected, and both reports had been published on the Trust website prior to the required 31 October publication deadline.</p> <p>No further matters were raised which were not already covered on the action log or agenda.</p>	
<b>REPORTS FROM THE CHAIR AND CHIEF EXECUTIVE</b>		
148/23	<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>• Both hospital sites continued to be extremely busy and, whilst on the verge of winter, the level of ‘winter pressures’ experienced by the Trust had effectively continued unabated since last winter. This would be covered by the executive in more detail in subsequent agenda items.</li> <li>• The Chair wished to particularly highlight the success of the programme of the Trust’s annual awards and recognition events, which had culminated with an awards dinner at the end of November. Dr McMahon thanked all colleagues across the organisation, particularly the Communications and PMO Teams, and executive colleagues, for their extensive work in support of all activities and events.</li> </ul> <p>The Board of Directors noted the report.</p>	

149/23

### Report from the Chief Executive

The Board of Directors received a verbal report from the Chief Executive, which covered the following points:

- As referenced by the Chair, hospital services continued to be under extreme pressure. The Trust was working with all partner organisations, to secure support to mitigate the pressures, and this would be covered in future sections of the meeting.
- Following the recent inspection of our hospitals by the CQC, the Trust was expecting to receive the draft report for factual accuracy checking early in the New Year. Once the CQC had received the Trust's response, they would compile their final extensive report. Meanwhile, some initial feedback had been received from the CQC, which they encouraged was shared with the Board. The Trust welcomed the CQC inspection, and the opportunity to show the progress which had been made since their last inspection in 2021. The key points of initial feedback were as follows:
  - The following areas were inspected: Urgent and Emergency Care (RSH and PRH), Medicine (RSH and PRH), Children and Young People (PRH), Maternity (PRH), and End of Life Care (EoLC) at both RSH and PRH.
  - The CQC wanted to thank everyone involved for the welcome and cooperation they received during their visits, particularly in light of the extreme pressures the Trust was experiencing.
  - The initial feedback showed improvement in all of the areas which had been inspected, but the Trust acknowledged that some findings demonstrated that further improvement was needed.
  - A few of the findings highlighted were:
    - Many instances of positive feedback from patients and relatives across the areas which were inspected, and complimentary feedback from all relatives spoken with, across both sites, about the care received from the palliative care team;
    - A noticeable position shift in culture since the last inspection. Although it was recognised that there was more still to do, the CQC had seen evidence of high morale, and staff showing empathy and kindness. Staff said they were proud to work at the Trust, felt supported by their line manager, and were complimentary towards their training and induction;
    - Good evidence of multi-disciplinary team working, and support from Allied Health Professional colleagues;
    - Improvements noted in documentation, although recognition that further improvements were required;

	<ul style="list-style-type: none"> <li>▪ Staff had raised their concerns around corridor care, and the lack of dignity and privacy this afforded to patients;</li> <li>▪ The Trust's vision and strategy were clearly interlinked, although the CQC acknowledged the challenges of the scale of the ongoing transformation programme;</li> <li>▪ Praise for many exemplary individual staff members, and names had been shared by the CQC with the executive.</li> </ul> <ul style="list-style-type: none"> <li>• The Chief Executive emphasised that the Trust was committed to building on progress to date to ensure the very best care for all patients. With full recognition that caring for patients on corridors was not the standard we want for our patients, work continued with partners with a view to improving patient flow through our hospitals, and to ensure sufficient staff were in place to look after patients whilst in the ED.</li> <li>• Dr Jones stressed that the final report would be rigorous, and would undoubtedly highlight areas where improvement was needed, so he cautioned that colleagues should be prepared for a difficult read in some cases.</li> <li>• Assurance was provided to the Board that any concerns and areas for improvement which had been identified by the CQC were overwhelmingly those which the Trust was already aware of, and were part of ongoing improvement plans.</li> <li>• There was comment from both the executive and non-executive directors of the Board that the CQC's approach during their interviews with them had been open, fair and balanced, and that this approach had also been very welcomed by the clinical teams.</li> </ul> <p>The Chief Executive concluded by stating her hope that the final report would reflect the current position of the organisation on its transformation journey. It was confirmed that the next discussion at Board would be following receipt of the final report from the CQC, which would also be published on the Trust website when available.</p> <p>The Board of Directors noted the report, and welcomed sight of the final report in due course.</p>	
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<b>REPORTS FROM ASSURANCE COMMITTEE CHAIRS</b>		
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150/23	<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>	
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- Elective recovery: QSAC felt very strongly on the elective recovery compromise, as referenced in the 'Alert' section of the report, should funding for insourcing and outsourcing end in order to meet National expectations that the system will reduce its deficit. It was noted that whilst the Trust proposed to continue to progress to zero waits over 78 weeks, numbers of patients waiting over 65 weeks were projected to reach 2213, although work was underway with clinical teams with a view to improving this projection. Concerns had also been expressed by the Committee of the risk that disease would progress in patients on low risk pathways, with some patients needing to come to the Emergency Department (ED), and Dr Jones agreed that this was a theme that the recently launched Patient Safety Incident Response Framework (PSIRF) should monitor. The Chair added that the patient safety concerns had been strongly emphasised by the Trust to the system, and it was hoped that there would be a system-wide approach in this regard.
- Learning from deaths: The Committee had received the findings of a detailed assurance review into increased mortality in ED in Q3 2022-23, which had found no pattern of omissions in care. It was noted that the review would be covered further under agenda item 160/23 of today's meeting.
- MBRRACE (Mothers and Babies - reducing Risk through Audits and Confidential Enquiries across the UK) reports into stillbirths and neonatal deaths 2021: The Committee had received the national and SaTH reports analysing the data on these deaths. The national data showed increasing inequalities in stillbirth and neonatal mortality rates by ethnicity and deprivation. This was not apparent in the SaTH data. While SaTH's unadjusted and adjusted stillbirth rate was around the average for similar Trusts, the neonatal mortality rate was more than 5% higher than the average for the last five years. A review had been commissioned by the Trust as a result, from external experts from the Royal College of Physicians, supported by specialists from the Royal College of Paediatrics and Child Health. Their report was likely to be available in March/April 2024, and would be brought to Board via QSAC as soon as possible. Mr Lee added that the above findings were also being discussed in meetings of the Health and Wellbeing Board.
- Serratia outbreak in the neonatal unit: QSAC had noted a thorough approach in identifying contamination and preparing a detailed action plan, and the Committee's view was that the outbreak was being well managed. It was confirmed that a premature infant, who had been born in unoptimal conditions at the time of the outbreak, had sadly died, and that this was being investigated through a separate Serious Incident process.
- 'Hospital full' protocol: It was noted that this had been agreed in principle by the Quality Operational Committee, and had since been implemented. Confirmation was provided that the protocol provided an overall standardised framework for making decisions in circumstances of extreme demand on services.

	<p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p>	
151/23	<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, and Mr Brown, who had chaired the November meeting.</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>• Financial deficit: The Committee had discussed the year-to-date deficit of £68.7m, which was £32.8m adverse to plan. It was noted that the drivers of the adverse in-year variance were in line with reporting from previous months. Following submission of a revised forecast at the recent request of NHSE (the patient safety implications of which had been referenced in the earlier QSAC report), the Trust would continue to review all expenditure for the remainder of the financial year, with a view to improving the £103.8m revised forecast. Mr Miner added for assurance that he had been working with Ms Troalen, with the aim of ensuring the Board, and NED colleagues in particular, were familiar with the components making up the underlying deficit. Mr Miner also reported that he had attended the ICS Finance Committee at the end of November 2023, at which he had emphasised the seriousness with which this Trust was taking its extreme financial challenges.</li> <li>• Digital programme: Referring to the national letter from NHSE above, Mr Lee highlighted that the letter had included reference to a review of a range of digital projects. Whilst there was no current impact on the Trust's front-end digitalisation programme, the risks to the organisation's digital aspirations for next year, where there would be reliance on national funding, were not yet known. Finally, Mr Lee highlighted a typo in the penultimate bullet of Section 2a of the report, stating that this should read '<i>...and there may be a funding risk to the Elective Electronic Bed Management System</i>'.</li> <li>• Energy requirements at RSH: A risk existed in relation to the capacity of the National Grid to supply sufficient power to RSH, which was needed to deliver against long term requirements and future-proof the site. It was noted that an options paper would shortly be presented to Board in this regard.</li> </ul> <p>The Board of Directors noted the report, and took assurance from the ongoing monitoring activity by the Committee.</p>	
152/23	<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>• Independent Maternity Review (Ockenden Report) actions: The Committee had noted the favourable position against the</li> </ul>	

	<p>projected delivery status in implementing the actions from the Ockenden Reports. Work was underway to deliver the remaining actions before the March 2024 completion date, however eight of these actions required additional recurrent funding. These were the subject of a funding business case which had been developed and was supported by the Executive Team. It was noted that there was also some ring-fenced national funding which would contribute to the funding of the business case. Ms Edwards, as Chair of QSAC, reported that the actions in question had been started, and developed using non-recurrent funding, however they would need to be moved into recurrent funding to be continued, ie incorporated in planning and included in the Trust's 2024/25 budget.</p> <ul style="list-style-type: none"> <li>• Discussion and Reflection: Mindful that the final two meetings of the Committee would take place in February and April 2024, the Co-Chairs have asked that the Committee is provided at its next meeting with an outline of the governance arrangements and pathway for dealing with the Ockenden Report actions when the Committee ceases its work.</li> <li>• The next meeting of the Committee would take place on 27 February, followed by the final Committee meeting on 30 April 2024. Both meetings would be live-streamed. Following the final meeting, progress against, and the sustainability of, the IMR actions, would continue to be reported to Board through the Quality and Safety Assurance Committee.</li> </ul> <p>The Board of Directors noted the report, and took assurance from the ongoing monitoring and challenge undertaken by the Committee.</p>	
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**STRATEGIC, QUALITY AND PERFORMANCE MATTERS**

153/23	<p><b>Clinical Services Strategy</b></p> <p>The Board of Directors received the joint report from the Director of Strategy and Partnerships, and the Medical Director, which was taken as read.</p> <p>The Board was advised that the clinical services strategy covered the next five years (2023-2028) and would continue to evolve and be informed by other ICS and system strategies and plans, as well as national developments.</p> <p>With regard to health inequalities, it was noted that there was a range of services provided by the Trust which required partnership working on their delivery, and Mr Lee highlighted that we would then achieve real richness from the clinical strategy.</p> <p>Ms Robotham added the importance also of focusing on providing employment opportunities for marginalised groups, which would in turn contribute to the health and wellbeing of our local population.</p>	
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	<p>The Board of Directors approved the clinical services strategy for publication, noting that it was a dynamic document, which would be revised every year.</p>	
154/23	<p><b>Integrated Performance Report (IPR)</b></p> <p>The Board of Directors received the report from the Chief Executive, providing an update on progress against the Trust’s Operating Plan, and associated objectives and enablers. The report included an overview of the performance indicators of the Trust to the end of September/October 2023, summarising planned recovery actions, correlated impact, and timescales for improvement.</p> <p><b>Executive Summary</b></p> <p>Mrs Barnett emphasised that although our teams were doing everything they could to support patients, work with system partners and actions in the wider community to support the discharge of patients were critical to strengthening the required actions to alleviate the ongoing extreme pressures within our hospitals, particularly as we move into the challenging winter period.</p> <p>Ms Biffen had highlighted in the operational summary the actions that were being taken to improve planned care, and our transformation programmes continued, to improve ways of working to achieve better outcomes for patients.</p> <p>The Trust’s financial position continued to be very challenging. With the absolute clarity that patient safety was at the heart of everything we do, difficult financial decisions were having to be made, balanced with patient safety and quality considerations. It was also recognised that, for the next financial year, greater clarity was required to inform discussions with commissioners and partners.</p> <p>The organisation was working on the 2024/25 plan now which, following receipt of national guidance shortly, would be developed further. This would then go through Trust procedures, and would be subject to system and regulator discussion.</p> <p>Mrs Barnett invited questions to her executive colleagues, by exception, on subsequent sections of the report:</p> <p><b>Patient Safety and Clinical Effectiveness</b></p> <p>Questions and comments by exception were as follows:</p> <ul style="list-style-type: none"> <li>• Dr Jones’ view was requested on how he felt teams were responding to the recent transition to the Patient Safety Incident Response Framework (PSIRF). He confirmed that the focus in continuing to report incidents on Datix was unchanged, but what had changed under the new framework was the way in which information was gathered and structured. Overall the transition had been relatively seamless, and Mrs Flavell added that there had been no reduction in Datix reporting. It was noted that consideration would need to be given to the format of future Board</li> </ul>	

reporting, and also that there were still some outstanding Serious Incident (SI) reports which would need to be brought to Board.

- Mrs Flavell highlighted that one of the biggest challenges from a quality perspective was C.Difficile. Whilst this was a national picture, there was evidence that overcrowding in ED could be one of the root causes. Cleaning of ED continued, however deep cleaning presented a real challenge due to overcrowding in the department.

### **Responsive**

Questions and comments by exception were as follows:

- Mr Lee advised colleagues that he, Dr Jones and Ms Biffen participate in a regular collaborative meeting with University Hospitals of North Midlands NHS Trust (UHNM), to discuss joint working opportunities. An example was given of joint work to consider how best to use robotic surgery, noting that two-way collaborative benefits ultimately improved outcomes for patients.
- Ms Edwards referred to the mortality benchmarking data on Page 96 of the Board pack, commenting that she had not seen this data previously. The Chair asked Dr Jones to clarify whether these figures were a reiteration of available public data, or whether they related to our patients. Dr Jones clarified that the data was taken from a report published in the British Medical Journal, where an assessment had been undertaken based on delays in emergency departments across England, looking at relative mortality risks per delay period. The data was therefore based on that study, however the Board would be hearing later in the meeting on the review which had taken place in our organisation. The Chair also commented on the need to understand the accuracy and timeliness of national data to achieve a true picture.
- The Chair thanked colleagues on behalf of the Board for their work on cancer pathways, and also for the elective work taking place.

### **Well Led: Workforce**

Questions and comments by exception were as follows:

- Noting the risk around forthcoming further industrial action, and the challenges this would present for our workforce, Ms Biffen was asked to report on preparations for future strikes. It was confirmed that preparations were underway, and had been completed for the following week. The Trust was trying to protect as much cancer activity as possible, but although the next action was over a three day period, the duration was much longer the following week. This would clearly be extremely challenging for the Trust, and for colleagues who would be providing cover. Dr Jones expressed his thanks to colleagues for their commitment to caring for our patients during these periods, particularly at the time of year when it was appreciated they would like to be with their families.
- Mrs Boyode advised that the Workforce Plan was being reviewed, both for the year ahead and longer term. She emphasised to the Board the importance of working closer as a system to consider

	<p>opportunities for new ways of working, and how things could be done differently to deliver care to our patients.</p> <ul style="list-style-type: none"> <li>• Although a reduction was being seen in staff turnover, it was recognised that there still a long way to go. The need was acknowledged of providing support to international colleagues who continued to not feel a sense of belonging working in the NHS.</li> <li>• Noting that work/life balance was also prevalent amongst reasons for leaving, Mr Brown commented that this suggested there was a need to be looking at more flexible contracts, and he asked if this was being picked up. Mrs Boyode confirmed that this was being reviewed, from the perspective of reinforcing our flexibility and ability to work across the system.</li> <li>• <b>Well Led: Finance Summary</b></li> </ul> <p>Comments by exception were as follows:</p> <p>Ms Troalen provided context for the recent financial re-set, following reference to this in several places within the IPR. She advised that all NHS organisations had received a letter from NHSE, driven by the large national deficit. Whilst setting out that nationally the prioritisation of cancer care and very long waits continued, the letter had asked that organisations consider what actions they could take to ensure delivery of activity was cost effective. This meant that the Trust had needed to carefully consider what actions could be taken, and to think about 2024/25 plans.</p> <p>The Board of Directors noted the Integrated Performance Report, and took assurance from the systems of control which were in place.</p>	
155/23	<p><b>Getting to Good (G2G) Progress Report</b></p> <p>The Board of Directors received the report from the Chief Executive, setting out progress against the organisation's areas of transformation.</p> <p>The report was taken as read, and questions by exception were as follows:</p> <ul style="list-style-type: none"> <li>• In response to a query from Prof Purt on whether there was anything which had been learnt from the CQC inspection that was going to influence prioritisation, Mrs Barnett confirmed that the programme was broadly focused on the right areas. However the level of transformation which needed to be achieved was very significant, and there would be ongoing reflection on how that was prioritised.</li> <li>• Mr Miner queried the exception reporting in section 3.2 of the report. It was clarified that the approvals shown represented the change that had been requested, not the outcome. This was in line with the reverse RAG methodology, and use of an electronic management system (Monday.com), which had been adopted for the G2G programme following its successful use in maternity. Mrs Flavell offered to talk through the methodology with Mr Miner offline.</li> </ul>	

	<p>The Board of Directors noted the report, and the progress of the G2G programme in October 2023.</p>	
<p>156/23</p>	<p><b>Report from the Director of Infection Prevention and Control (DIPC) Q2 2023-24</b></p> <p>The Board of Directors received the report from the Director of Nursing, providing a summary of performance in relation to the key performance indicators for IPC in Q2 2023-24.</p> <p>The report was taken as read, and Mrs Flavell drew the Board's attention to the following key points:</p> <ul style="list-style-type: none"> <li>• The report included details on IPC areas of focus, noting that this should be considered in context with the national picture. A breakdown of some of the Trust's Root Cause Analyses (RCAs) was also included, indicating learnings and what was being done differently as a result.</li> <li>• There had been a number of outbreaks of COVID-19. Mask wearing had been regularly reviewed, following national guidance, and masks were being worn in high risk areas.</li> <li>• There had been two Serious Incidents (SIs) declared, one relating to an MRSA bacteraemia, and one relating to an outbreak of Serratia, contributing to the death of a pre-term infant, as referenced earlier in the meeting. A robust action plan was in place to ensure rigour around our water as Serratia was found in drains. NHSE had made a supportive visit to the Trust at the end of November 2023, and whilst their formal letter was awaited, no immediate risks were identified.</li> <li>• Mrs Flavell confirmed, in response to a query from Dr Lyttle, that COVID-19 testing of symptomatic patients was still taking place, and whilst there were increased instances of COVID, there was no particular prevalence of acuity, ie admissions to ITU.</li> </ul> <p>The Board of Directors noted the report.</p>	
<p>157/23</p>	<p><b>Public Participation Report Q2 2023-24</b></p> <p>The Board of Directors received the report from the Director of Strategy and Planning, which was taken as read, noting that the full report was included within the Board Information Pack.</p> <p>Mr Lee drew colleagues' attention in particular to the information on the Trust's volunteers. Volunteers provided considerable, and highly valued, help to our teams, and a number of volunteers also used this as an opportunity to increase their confidence and experience. Mr Lee also highlighted the Volunteers to Careers Programme, details of which were covered within the report.</p> <p>This led indirectly to the Chair considering whether the Trust could be doing more on education for families who were carers, especially if new, in understanding how they could access information and support following discharge of a relative to their home with a package of care, for example the establishment of a support group on a domicillary</p>	

	<p>care basis. It was noted that Shropshire Council already had a number of services available to provide support to carers in obtaining the help and guidance they needed, however the Chief Executive expressed the view that support from the Trust could be a good idea, and she asked Ms Biffen to look into this further. Mr Lee advised that he would also seek the involvement of Mrs Clarke, Director of Public Participation.</p> <p>The Board of Directors noted, with thanks, the extensive activity in Quarter 2 across the Public Participation Team.</p>	
158/23	<p><b>SaTH Green Plan Update</b></p> <p>The Board of Directors received the report from the Director of Finance, providing a brief update from the Climate Change Group on the development of the green agenda at the Trust.</p> <p>It was noted that the plan was aligned to the STW system green plan and would be refreshed during 2024/25 in line with NHS England guidance.</p> <p>The report was taken as read, and the Board noted the progress with delivery of the SaTH Green Plan 2021-26.</p>	
<b>REGULATORY AND STATUTORY REPORTING</b>		
159/23	<p><b>Bi-Annual Safer Staffing Report</b></p> <p>The Board of Directors received the report from the Director of Nursing, to provide assurance with particular regard to the Trust position against key national staffing metrics included in the bi-annual review.</p> <p>The report was taken as read, and the following key points were noted:</p> <ul style="list-style-type: none"> <li>• The review showed that the Trust was in a good position in relation to its staffing, and in providing assurance around safe staffing levels.</li> <li>• There were good staff-to-patient ratios and the Safer Nursing Care Tool (SNCT), the validated measurement tool used, shows recommended levels were generally aligned to budgeted establishments or establishments in excess of SNCT data.</li> <li>• Care hours per patient day (CHPPD) data remained consistently in the upper quartile compared to peers.</li> <li>• Further work was required in the assessment areas, EDs and specialist ward areas, and there remained ongoing work in relation to RN:HCA ratios in the ward areas, e-roster compliance, and the use of real-time acuity data to drive daily clinical decision making in the deployment of nursing staff.</li> <li>• A Safe Care Improvement Nurse had been appointed to support clinical areas with the use of Safecare.</li> </ul> <p>The Board of Directors noted and took assurance from the report.</p>	

160/23	<p><b>How we Lean from Deaths Report (Assurance Review into the increase in deaths within the Emergency Department during Q3 2022-23)</b></p> <p>The Board of Directors received the report from the Medical Director, which detailed the findings of the above review. Dr Jones wished to acknowledge the work carried out to research and prepare this report by Dr Adrian Marsh, Emergency Medicine Consultant and Mortality Lead, supported by colleagues from the Learning from Deaths team.</p> <p>The Board's attention was drawn 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>• The review of increased deaths within the Emergency Department (ED) in Q3 of 2022-23 did not identify any overall failures or omissions in medical or nursing care that were considered to have adversely impacted on the outcome for patients.</li> <li>• On the balance of probability, the ambulance offload delays, the ED running in the 'majors' area of the department at over 200% occupancy, length of stay in the ED over 21 hours for an in-patient bed, and handover of care within the specialty teams, were contributing factors to a total increase in in-patient stay, harm events and mortality.</li> <li>• The hypothesis that the increase in mortality within ED at SaTH during the period reviewed was as a result of capacity and flow issues across the Trust, resulting in patients who would have died previously on the wards now dying in the ED, was highly likely to be accurate. However, overall mortality for this quarter had increased which could indicate a wider problem across the whole Integrated Care System (ICS). This may require further exploration and was beyond the scope of this review.</li> <li>• Learning had been identified in respect of documentation by clinical teams whilst patients were boarded in the ED.</li> <li>• Internal professional standards in respect of clinical team assessment were regularly breached because of workload.</li> <li>• The incidence of out of hospital cardiac arrests increased, which was unexplained.</li> <li>• The findings within this review did not appear to support the hypothesis that the increase in mortality within the ED at SaTH correlated to GIRFT data and wider published reports which suggest that a prolonged stay in ED leads to an increased mortality rate. The increase in deaths within ED at SaTH was representative of the national picture, albeit the increase was greater.</li> <li>• The reviewing team believe that this review had investigated the underlying reasons for the increase in deaths within the ED during Q3 2022-23 as far as was reasonable within the available resources.</li> </ul> <p>Mr Miner requested assurance with regard to two systematic issues referenced in the report; one referred to poor nursing, and the other</p>	
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	<p>related to capacity and control issues. Dr Jones' observation in response was that a nurse's role in ED was to hand over a patient to an inpatient ward for further care and to do so effectively. The situation at the time of the report (as currently) was that inpatient care was required to be delivered in the ED setting, which was extremely challenging in an overcrowded department, and the same level of care could not be provided in ED as on a ward. Mrs Flavell agreed with this observation, and added that the review had specifically looked at data in a set period last year. She confirmed that part of the Emergency Transformation Programme focused on resource and leadership, and the nursing leadership had subsequently been strengthened significantly in ED. This has had a positive impact on care, and could be evidenced in the audit of quality metrics which feeds through operational governance to QSAC.</p> <p>Mr Dhaliwal asked Dr Jones if he had any significant specific concerns, noting that the variables were broad. Dr Jones confirmed that the review had not identified any unexplained deaths and had demonstrated a rigour around referrals to coroners. In summary, he did not think the Board should be concerned, accepting that as long as patients remained in ED for a longer period of time, mortality would be higher than if the hospital was running normally. Assurance was provided that the length of stay in hospital was being closely monitored, and PSIRF would be used to intervene.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
161/23	<p><b>Annual and Quarterly Reports from the Guardian of Safe Working (GoSW)</b></p> <p>Dr Jones introduced Dr Barrowclough, the Trust's Guardian of Safe Working, and Ms Mann of Medical People Services (MPS), who had joined the meeting for this item.</p> <p>The Board's attention was drawn to the comprehensive detail and concerns raised. The reports were taken as read, and the following points were highlighted:</p> <p><b>Annual Report (August 2022 - July 2023):</b> The GoSW was reassured by the actions taken in MPS to provide some assurance regarding the safe working hours of Dentists in Training (PGDiT) and Locally Employed Doctors (LED), in response to the concerns raised by the GoSW in past years. However, the delays to the completion of these plans, including those to provide transparency and visibility of doctors' working hours, remained of concern. It therefore remained difficult to reassure the Board that doctors were working within their safe limits.</p> <p>In summary, therefore, the annual report recognised the requirement for improvement, reinforcing the Trust's position to providing exceptional patient care whilst prioritising the welfare of its medical professionals.</p>	

**Quarterly Report (1 July–30 September 2023):** Dr Barrowclough reiterated her concern that the timelines for the introduction of live rostering, to provide visibility of doctors' working patterns and hours throughout the Trust, seem protracted. The system would only provide assurances of safe working if completed accurately and in real time, and a retrospective check of safe working in the quarter had highlighted significant concerns.

There was evidence that significant issues were being raised by MPS following intensive review of departmental rotas and in the development of a dashboard to recognise breaches of safe working. The GoSW stressed that in order for assurance to be provided to the Board on the safe working of our doctors it was imperative to obtain the visibility of all doctors' working patterns at all times.

MPS have also proposed that the department develop a comprehensive leave recording system, with the ability to accurately track and report absence. An example of a system with such functionality was Medic on Duty and it was highly recommended that this be considered as a replacement to the current system, CLW. The Trust had, in fact, purchased the contract for Medic on Duty in 2019, however it was currently rolled out in four departments only, despite the GoSW having repeatedly recommended the use of this system Trust-wide.

If it was agreed that the Trust use the Medic on Duty system for e-rostering Trust wide, the GoSW would recommend a request for a timeline for the roll out, and that consideration was given to supporting a central rostering team, with oversight by MPS.

Ms Mann clarified that, following the roll out of Medic on Duty, escalation of breaches would be identified daily, with operational governance through Divisional teams and the Operational People Group.

The Chair wished to understand the reasons why it had taken four years to get to the recommended point of using the Medic on Duty system Trust-wide. The Director of People & OD was asked to outline the current situation and challenges, together with recommendations on how to address. *(Post-meeting note: Confirmation received from the DPOD that this continued to be worked through with the Medical Director and the GoSW, and it had been agreed that a report would be brought to Board in May 2024).*

Commenting on the delay, the Chief Executive highlighted that the challenges created by the historical lack of digital investment in the Trust, and the enormous volume of work which had been required by MPS since the team were established last year, was not a situation that would reasonably be found in other organisations. Mrs Barnett confirmed that any further expenditure that was required would be flagged as part of the budget setting process for 2024/25.

Prof Purt additionally proposed the inclusion of oversight of e-rostering into the People & OD Committee (PODAC) Terms of

DPOD



	<p>Reference, if not already included. (<i>Post-meeting note: It was subsequently confirmed by the Director of Governance that this did not fall under the remit of PODAC. As this related to safe working and how this may affect the safety of patients, it came under the remit of the Quality &amp; Safety Assurance Committee (QSAC).</i>)</p> <p>In response to a query from Mr Brown, the GoSW advised that the issue of lack of administrative support, which had been raised in previous reports, had been resolved. Dr Barrowclough was now receiving support from MPS, which was working very well.</p> <p>The Board of Directors noted the reports and acknowledged, with concern, that the GoSW could not assure the Board of the safe working of our doctors at this time.</p>	
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<b>ASSURANCE FRAMEWORK</b>		
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162/23	<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, Head 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>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 (IMR), chaired by Donna Ockenden. Some potential risk remained to some outstanding actions, but these would continue to be reviewed and any risks mitigated where possible.</li> <li>• The Maternity Transformation Programme continued to progress well, notwithstanding the acknowledgement of some actions being at risk currently.</li> <li>• Good progress was being made to meet the requirements of the national Three-Year Delivery Plan for maternity and neonatal services. A recent gap analysis undertaken against the Plan had verified that the Trust had achieved the required training data compliance.</li> <li>• The service continued to manage and mitigate any risks to all these initiatives which were within its control.</li> <li>• The attention of the Board was drawn to the information in Section 5 of the Integrated Maternity Report regarding delivery of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme, and the accompanying comprehensive information pack.</li> </ul>	
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**Following review, it was confirmed that the Board of Directors had received and approved the CNST reports in section 5.7, in accordance with the scheme requirement for the Board to oversee the quality of perinatal services. It was therefore declared that:**

**Safety Action 2**

The Board was asked to be assured that SaTH have passed the minimum associated data quality criteria in the “Clinical Negligence Scheme for Trusts: Scorecard” in the Maternity Services Monthly Statistics publication series for data submissions relating to activity in July 2023 for all metrics.  
**Assurance confirmed as received by the Board.**

**Safety Action 4**

The Board is required to evidence within the Trust Board minutes that this standard is not met, but that there is evidence of progress against the previously agreed plan, and also include new relevant actions to address deficiencies.

**Safety Action 5**

The Trust Board must evidence within the minutes that the midwifery staffing budget reflects the requirements set out within the BR+ recommended establishment of clinical midwives.

**Safety Action 8**

The Board is asked to acknowledge within the minutes that they agree the content of the local training plan mentioned within 10.1.

The Chair and Director of Nursing thanked the team for the large amount of work that had been undertaken on all of the above programmes, and Dr McMahon wished to specifically recognise that the Trust remained ahead of schedule with its delivery plan to address the actions from the IMR (Ockenden Review).

In response to a request for assurance from the Chair on the extent to which the Trust remained ahead of delivery projections on the Ockenden actions, Mr Wright confirmed that the Trust was making good progress towards the point of completion. He reflected on earlier challenges from the Board after the publication of the first report to try and deliver all the actions more quickly. However, due to the number and complexity of the actions, it required them to be planned for more carefully and systematically, and this had been the essence of the Maternity Transformation Programme. This was to be able to assure and evidence the delivery of all actions, and to ensure that improvements were sustained.

Mrs Williams and Ms McInnes endorsed the above comments, and the thorough and robust approach which had been taken. The positive resulting clinical and workforce impact was very evident, and was being recognised nationally, with a number of requests received from other Trusts who wished to learn from SaTH’s approach.

163/23	<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 September and October 2023.</p> <p>Dr Jones drew colleagues' attention to a referral which had been made, in line with their criteria, to the Healthcare Safety Investigation Branch (HSIB) related to a delay in treatment and suboptimal care of a baby. The outcome was awaited, and would be included in Board reporting when available.</p> <p>Dr Jones also drew the Board's attention to the recent transition from HSIB to Maternity and Newborn Safety Investigations (MNSI), hosted by the CQC. Assurance was provided that there would be no interruption to ongoing investigations.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
164/23	<p><b>SaTH Winter Plan 2023/24</b></p> <p>The Board of Directors received the report from the Acting Chief Operating Officer.</p> <p>The report was taken as read, and the following key points were covered:</p> <ul style="list-style-type: none"> <li>• There was still a significant bed gap despite all interventions, but the Trust continued to work with system partners to reduce the gap where possible.</li> <li>• Winter demand, capacity, bed gap and winter plan actions would be monitored both internally and at system level throughout the winter months.</li> <li>• Due to the ongoing discharge issues, Prof Purt queried whether it would be possible for the Trust to directly commission domiciliary care. Ms Troalen cautioned the need to be mindful of the fragility in the market, and the unintended implications if we were to take capacity being used elsewhere in the system. Mrs Barnett clarified that this was something we needed to work with our system partners on, and there were options not in the paper which were still being looked into.</li> </ul> <p>The Board of Directors noted the Winter Plan for 2023/24.</p>	
165/23	<p><b>Board Assurance Framework (BAF) Q2 2023-24</b></p> <p>The Board of Directors received the report from the Director of Governance, which was taken as read.</p>	

	<p>Ms Milanec advised the Board that the BAF content had been thoroughly reviewed for quarter 2 by the executive risk owners and their relevant senior team members. Key points of note were as follows:</p> <ul style="list-style-type: none"> <li>• The previous year's BAF risk 2 had been re-written, following consideration by the Board of the previously proposed revised (merged) BAF risk 1. Whilst the risk title remained the same as in previous years, the revised specific focus on safety culture in the content should now eliminate the previous overlaps with BAF risk 1.</li> <li>• BAF risk 2 had subsequently been further updated, following feedback from QSAC, to reflect the psychological safety and Civility Saves Lives work. QSAC had also proposed further reflection on the score of BAF risk 2, as the likelihood score of the risk may be too high, although further consideration would be required on the mitigations in place for this risk. It was also recognised that BAF risk 2 had a wider remit than the assigned executive leads (Director of Nursing and Medical Director). A Board development session had been proposed on safety culture, to reflect on the above points.</li> <li>• Following reinstatement of the safety culture BAF risk 2, it was noted that the corporate governance BAF risk had been re-numbered from BAF risk 2 at quarter 1 to BAF risk 13 at quarter 2.</li> <li>• It was proposed to increase the total current risk score of BAF risk 12 from <math>4 \times 3 = 12</math> to <math>4 \times 4 = 16</math>, despite the score being reduced in quarter 1. The score had increased again as the level of referrals onto the virtual ward were not reflective of those included for planning purposes within the Operational Plan 2023/24, despite having the relevant actions in place. For triangulation, Mr Lee highlighted a paper that had been received by the Integrated Care Board (ICB) in November 2023 with regard to reviewing and refreshing the Integrated Care Programme. The Chair pointed out that ownership of the virtual ward element was less specific to ICB but more generally to the collaborative working between SaTH and Shropshire Community Health NHS Trust (SCHT).</li> </ul> <p>Subject to subsequent offline consideration of the broader narrative on BAF risk 12, the Board of Directors approved the quarter 2 BAF content, including the revised wording of BAF risk 2.</p>	
166/23	<p><b>New Corporate Risk Register (CRR)</b></p> <p>The Board of Directors received the report from the Director of Governance, which was taken as read.</p> <p>Ms Milanec advised that as there were currently over 400 risks on the operational risk register, it was felt that this was too complex to be able to quickly recognise the most important operational risks affecting the organisation. A corporate risk register had therefore been prepared, using the risks scoring 15 and above from the operational risk register, which had been collated into several themes.</p>	

	<p>The Executive Team felt that some risks were missing from the CRR, and work was ongoing to consider those additional risks and, with support of the Board, to add them to the CRR.</p> <p>The Board considered the content of the register, and the methodology used in its compilation, and supported the request to present the CRR to Board on a quarterly basis, together with the BAF and newly developed overall risk report.</p> <p>The Chair thanked Ms Milanec and her team for their extensive work, and it was confirmed that if there was any subsequent feedback from the CQC of relevance to the register, this would be incorporated in due course.</p>	
167/23	<p><b>November Board Walks Summary Report</b></p> <p>The Board of Directors received the report for information from the Director of Governance, which summarised the reflections of colleagues following their visits to wards across both hospital sites.</p>	
<b>BOARD GOVERNANCE</b>		
168/23	<p><b>Annual Review of Standing Orders, Scheme of Reservation &amp; Delegation, and Standing Financial Instructions</b></p> <p>The Board of Directors received the report from the Director of Governance, detailing the proposed updates to all three documents following their annual review.</p> <p>Ms Milanec confirmed that all changes (none of which were significant) were highlighted in red text within the documents. The attention of colleagues was additionally drawn to the following points:</p> <ul style="list-style-type: none"> <li>• The policies reserved to come to the Board for approval had been reviewed. A new Policy Framework had recently been approved by the Executive and changes to policy approval routes were reflected accordingly.</li> <li>• Reference to the Trust's budgetary control policy, on Page 389 of the Board pack, was out of date. Ms Troalen clarified that this was currently being revised, and the current draft would be replaced with a final version in the next few weeks.</li> </ul> <p>The Board of Directors approved the updated Standing Orders, Scheme of Reservation &amp; Delegation, and Standing Financial Instructions, noting the above additional pending amendments.</p>	
169/23	<p><b>Appointment of Vice Chair of the Trust</b></p> <p>The Board of Directors received the report from the Director of Governance, on behalf of the Chair.</p> <p>Dr McMahon confirmed that the decision to formally appoint Prof Purt as Vice Chair was as a result of the increased focus and attention on the work being done by the Trust in collaboration and partnership across the system.</p>	

	The Board of Directors ratified the appointment of Prof Trevor Purt as Vice Chair of the Trust, with effect from 1 November 2023.	
<b>PROCEDURAL ITEMS</b>		
170/23	<p><b>Any Other Business</b></p> <p>There were no further formal items of business, however the Chair had agreed to the Director of Strategy &amp; Partnerships taking the opportunity to share with colleagues, and observing members of the public, that he and his son would be climbing Mount Kilimanjaro for charity in January 2024. Mr Lee advised that the charities being supported were SaTH Charity and the RAF Benevolent Fund (father and son were previous/currently serving officers in the RAF).</p> <p>Mr Lee thanked the Chair for the communication opportunity, and expressed his sincere appreciation for any financial support people wished to provide for the charities, in support of this endeavour.</p>	
171/23	<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 8 February 2024 from 0930hrs–1330hrs, and would be live streamed to the public.</p> <p>The Chair drew the attention of colleagues, and observing members of the public, to a forthcoming change to the meeting schedule, to ensure the programme of SaTH Board meetings was aligned with those of provider collaborative partners going forward. To achieve this, there would be Board meetings in public in the consecutive months of February and March 2024, and the regular bi-monthly meetings in public would then resume from May 2024.</p>	
<b>STAKEHOLDER ENGAGEMENT</b>		
172/23	<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>		