

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

**Thursday 8 February 2024**

**Held in Shrewsbury Education & Conference Centre  
(and live streamed to a public audience)**

**MINUTES**

<b>Name</b>	<b>Title</b>
<b>MEMBERS</b>	
Dr C McMahon	Chair
Mrs L Barnett	Chief Executive
Ms S Biffen	Acting Chief Operating Officer
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
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 S Crowther	Associate Non-Executive Director
Mr N Lee	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)
Ms H Turner	FTSU Lead Guardian ( <i>Agenda item 018/24</i> )
Ms A Lawrence	Director of Midwifery ( <i>Agenda item 021/24</i> )
Mr M Wright	Programme Director, Maternity Assurance ( <i>Agenda item 021/24</i> )
<b>APOLOGIES</b>	
Mrs T Boughey	Non-Executive Director

No.	ITEM	ACTION
<b>PROCEDURAL ITEMS</b>		
001/24	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair welcomed all those present, including observing members of the public joining via the live stream.</p> <p>Dr McMahon was pleased to introduce Mr Simon Crowther, who had recently joined the Board as an Associate Non-Executive Director. Mr Crowther's background was in business and finance, and he would be joining the Finance and Performance Assurance Committee.</p> <p>Mr Crowther had been joined as an Associate Non-Executive Director by Ms Sarah Dunnett, who would attend her first meeting in March 2024. Due to Ms Dunnett's clinical and regulatory background, she would be joining the Quality and Safety Assurance Committee, in addition to replacing Dr Tim Lyttle as Maternity and Neonatal Non-Executive Safety Champion.</p> <p>As this was his last meeting, the Chair extended her thanks to Dr Lyttle for his contribution during his time on the Board, and in particular in his role of Maternity and Neonatal Non-Executive Safety Champion.</p> <p>Apologies were noted.</p>	
002/24	<p><b>Patient Story</b></p> <p>The Director of Nursing introduced a video which provided insight into Practical Obstetric Multi-Professional Training (PROMPT), delivered within Maternity Services.</p> <p>The Board was advised that the Trust required all maternity staff to undergo annual PROMPT training, a mandatory programme combining lectures and, as shown in the video, simulation scenarios, to enhance hands-on learning and foster teamwork in the management of various clinical situations.</p> <p>The Board was pleased to note the actions being taken to provide a robust programme of PROMPT training, to support delivery of the Trust's strategy to attain high performing and continuously improving teams, constantly striving to improve the services that we deliver.</p>	
003/24	<p><b>Quorum</b></p> <p>The Chair declared the meeting quorate.</p>	
004/24	<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>	
005/24	<p><b>Minutes of the previous meeting</b></p>	

	<p>The minutes of the meeting held on 14 December 2023 were approved by the Board of Directors as an accurate record, subject to a correction requested by Dr Jones to the final paragraph of agenda item 160/23, detailing the findings of an assurance review into the increase in deaths within the Emergency Department (ED) during Q3 2022-23. It was agreed that the final sentence of the paragraph would be amended as follows: 'In summary, Dr Jones concluded that there were several possible contributors to increased mortality in the Emergency Department. In keeping with published evidence, prolonged length of stay in ED is associated with increased mortality, and reducing this should remain a priority'.</p>	
006/24	<p><b>Action Log</b></p> <p>The Board of Directors reviewed the action log and noted the following:</p> <ul style="list-style-type: none"> <li>• Action No. 31: Ms Biffen provided a verbal update on the implementation, under the Emergency Care Transformation Programme, of a solution to the delay in production of timely discharge letters from ED. She confirmed that, following a period of successful testing, the solution was due to go live on both sites on 26 February 2024. The closure of this action was agreed, with a request that should there be any subsequent issues, these be brought to the attention of the Board through the monthly QSAC Committee Report.</li> <li>• Action No. 32 was noted as not yet due.</li> </ul> <p>No further actions were listed for review.</p>	
007/24	<p><b>Matters arising from the previous minutes</b></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>		
008/24	<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>• Colleagues, and observing members of the public, were reminded that there would be a Board meeting in public in March 2024 . This was to ensure the programme of SaTH Board meetings was aligned with those of provider collaborative partners going forward. The regular programme of bi-monthly meetings in public would then resume from May 2024.</li> <li>• The establishment of a Committees in Common (CIC) was progressing, to facilitate collaboration between the four system providers. The CIC was currently working in shadow form and whilst the current focus was on operational challenges, there was an ambition to move into a strategic space that would allow the provider collaborative partners to address the healthcare needs of our local communities in a different way.</li> </ul>	

	The Board of Directors noted the report.	
009/24	<p><b>Report from the Chief Executive</b></p> <p>The Chief Executive advised that she had no exceptional items to report. Key risks and issues would be addressed through subsequent reports from Assurance Committee Chairs, and the Integrated Performance and Getting to Good Reports.</p>	
<b>REPORTS FROM ASSURANCE COMMITTEE CHAIRS</b>		
010/24	<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>• Outstanding internal audit recommendations: Due to lengthy delays in closing down a number of audit recommendations, the Committee had agreed to descoping actions which could not be closed due to other dependencies, and reporting them separately.</li> <li>• Standing Financial Instructions (SFIs): Ms Troalen clarified that, whilst the updates to SFIs had been received by ARAC and subsequently approved by the Board in December 2023, the Trust's budgetary control policy, which was referred to in the SFIs, was currently at draft stage, and would be replaced with the final version as soon as possible.</li> </ul> <p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p>	
011/24	<p><b>Quality &amp; Safety Assurance Committee (QSAC) Reports</b></p> <p>The Board of Directors received the reports from the Committee Chair, Ms Edwards.</p> <p>Colleagues were referred to the detail in the reports from December 2023 and January 2024, which were taken as read. The following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Staffing - Therapies: A deep dive would be taking place at the February meeting of QSAC to gain a greater understanding of the significant inpatient staffing shortfall against the demand placed upon it across most clinical areas, and to consider next steps. Ms Biffen advised that Clinical Support Services were currently undertaking a full review of therapy services and how we use our staff differently. Once the SaTH review had been completed, collaboration with our system partners would be the next focus. The Director of People &amp; OD drew the Board's attention to the extensive ongoing discussions on system working and operational workforce planning to focus on the effective future delivery of planned care.</li> </ul>	

	<ul style="list-style-type: none"> <li>Smoking at time of delivery: The Chair acknowledged, with thanks to all those involved, the percentage reduction in December 2023 to 6.3%. The number of mothers smoking at the time of delivery had shown a steady reduction over the year and the latest percentage was the lowest so far.</li> <li>Resourcing issues and quality: Dr Jones expressed his concern around the ongoing shortage of skilled medical and clinical colleagues, and the potential impact on quality, due to the issues which continued to be experienced in filling vacancies. He also stressed his significant concern at having all three groups of Doctors and Consultants who could go on strike at two weeks' notice, and in particular the ability to provide cover at night in those circumstances. He advised the Board that the Trust had written to regional NHSE with regard to the implications and approach to future strikes.</li> </ul> <p>In response to a query from Mr Brown, Mrs Flavell confirmed that the Trust maintained a robust programme of quality audits. Prof Purt, as Chair of ARAC, provided further assurance that the series of quality audits formed part of the formal internal audit process, which was up to date and continued to be progressed accordingly.</p> <ul style="list-style-type: none"> <li>Financial considerations and quality: discussion took place around the balance between quality improvement and financial considerations, and the Director of Finance felt there was a very balanced approach. The Chief Executive, agreeing with that view, clarified that risk assessments were regularly carried out in order to make decisions and judgements on patient safety, harm and experience, in line with our aim to deliver high standards of care within available resources. Mrs Barnett added that productivity and efficiency was at the heart of providing the best quality care, and transformation would be a key focus for the Trust and our system partners over the coming years.</li> </ul> <p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p>	
012/24	<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>Capacity and flow: Ms Robotham confirmed that No Criteria to Reside (NCTR) numbers remained fairly static and continued to have a significant impact on capacity, however the Trust was now working in partnership with Shropshire Community Health NHS Trust (SCHT) on the provision of a new and more appropriate model of care for appropriate NCTR patients. Mrs Barnett confirmed that a PRH 'sub-acute' ward had opened on 2 January and RSH slightly later due to staffing challenges, and overall, there</li> </ul>	

had been a real ‘can do’ attitude through the coming together of the two organisations. A joint weekly executive meeting with SCHAT was providing oversight to ensure a seamless process, although it was noted that there remained a significant amount of work to be done on pathways. Ms Biffen advised that she and the SCHAT Director of Operations also met weekly to review the monitoring metrics, to ensure correct use of the sub-acute capacity. Mrs Barnett added that a point prevalence type of approach had been agreed so that snapshots could be taken to ensure patients with the appropriate care requirements were being admitted to the sub-acute wards.

In response to a query from Ms Edwards, Ms Biffen confirmed that the discharge lounge was being utilised overnight for patients who were being discharged the following day. Mrs Flavell added that, whilst impacting on flow, this was preferential from a quality perspective to a potential alternative of corridor care.

- Collaborative working: Mrs Barnett advised the Board that future schemes and proposals were being worked through, including extending provision of the Virtual Ward, and other pathways coming on stream. There were also further schemes being considered for people with long term conditions, to avoid ambulance admission, with a view to them receiving more effective support at home.
- Quality and Productivity: The Board was advised of the latest regular visit to the Trust from representatives of the ‘Getting It Right First Time’ (GIRFT) national programme, a data-informed and benchmarking programme focused on quality and productivity across a range of services. The visit, which had focused on Urgent and Emergency Care, had been extremely helpful and the GIRFT post-visit report had been shared with system partners, with the aim of bringing about positive change to improve patient experience.
- Financial Position: Mr Miner, as a member of FPAC, wished to emphasise and assure the Board that the financial position of the Trust was taken extremely seriously by the Committee. He referred also to an additional piece of work that Ms Troalen would be bringing back to the Committee, focusing on structuring around expenditure.

The Board of Directors noted the report, and took assurance from the ongoing monitoring activity by the Committee.

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013/24	<p><b>People &amp; OD Assurance Committee (PODAC) Report</b></p> <p>The Board of Directors received the report from Mr Brown, in the absence of Mrs Boughey, the Committee Chair.</p> <p>Colleagues were referred to the detail within the report, which was taken as read, and the following key points were highlighted:</p>	

	<ul style="list-style-type: none"> <li>• <b>Leadership Development:</b> Mr Miner expressed concern over the statistics which showed that since 2021 only 14 out of 80 ward managers and matrons had participated in leadership development programmes, which were recognised as vital for the ongoing success of the Trust’s culture initiative. Mrs Flavell fully accepted this challenge, however provided the context that there had been a considerable amount of movement within that cohort of leaders, and new leaders went through a full development programme, elements of which preceded participation in the leadership development courses. Now that there was stability within the cohort, she provided assurance that a significant amount of work was underway to understand and develop the training needs for each band/role.</li> </ul> <p>Mr Lee advised the Board that he had recently had the pleasure of attending presentations from a breadth of colleagues participating in the Trust’s ‘Strive towards Excellence’ programme. Their feedback on the programme had been extremely positive, and they talked about how the multi-disciplinary nature of the programme had helped them to develop and take those learnings and experiences back into the workplace.</p> <ul style="list-style-type: none"> <li>• <b>Recruitment expenditure:</b> The Board agreed with a suggestion from Ms Troalen that it would be beneficial to hold a joint meeting between QSAC, FPAC and PODAC, to achieve a cohesive view in light of the organisation’s financial fragility, ongoing staffing expenditure and challenges with the ability to recruit. This was taken as an operational action by Ms Troalen, to be arranged once the Operating Plan had been finalised.</li> <li>• <b>Staff surveys:</b> The Committee had been informed of the ‘survey fatigue’ expressed by staff, and Mrs Boyode clarified to the Board that 2024 communications and engagement would include evidence of tangible changes and improvements made as a result of survey learnings, and demonstration of the importance and purpose of the different types of staff survey.</li> <li>• <b>Neurodiversity:</b> The Board was advised of the launch in March 2024 of access software and resources, to ensure all colleagues were provided with the support they required to perform effectively in their roles.</li> </ul> <p>The Board of Directors noted the report, and took assurance from the ongoing monitoring activity by the Committee.</p>	
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<b>STRATEGIC, QUALITY AND PERFORMANCE MATTERS</b>		
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014/24	<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</p>	
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November / December 2023, summarising planned recovery actions, correlated impact, and timescales for improvement.

### **Executive Summary**

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

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

Questions and comments by exception were provided by Mrs Flavell, as follows:

- **C.Difficile:** In line with the national picture, instances of C.Diff within the Trust remained a challenge. Steps such as enhanced cleaning in ED were taking place to mitigate risk of overcrowding, and business intelligence had been requested to review the number of cases which had come through ED, to determine if there was any link with longer waits. The Board was additionally advised that a robust C.Diff action plan was in place, reported into QSAC, and a deep dive had also been undertaken by the Committee. Work continued with system colleagues and regulators on the regional picture. A recent visit to the Trust by ICB colleagues during a critical incident had not resulted in them raising any immediate concerns around mitigation processes.
- **Pressure ulcers.** A deep dive into investigations of all pressure ulcers of Category 2 or above had identified issues in relation to the consistency in frequency of patient re-positioning, accuracy of risk assessments and associated actions, and the quality of completed documentation. In addition to extensive ongoing training, the Trust planned to replace 'Waterlow', the risk assessment tool which had been used for many years, with the 'PURPOSE-T' (PURAF) risk assessment framework, which was a more responsive tool.

### **Responsiveness**

Questions and comments by exception were provided by Ms Biffen, as follows:

- **SDEC:** Significant improvements were being seen in the volume of patients being treated in Same Day Emergency Care (SDEC), which were helping to decompress pressures in the ED.
- **Cancer performance:** all clinically-led lung and skin tumour deep dives would be completed by the end of February 2024, and were being presented at the Trust's Tier 1 cancer performance management meetings with NHSE.

### **Well Led: Workforce**

Questions and comments by exception were provided by Mrs Boyode, as follows:

- **Retention:** The Trust had secured a place on the NHSE People Promise Programme, focusing on retention for a 12 month period.



- **Finances and efficiency:** Whilst a reduction had been achieved in agency usage, it was acknowledged that there was still further progress to be made. Assurances were provided to the Board around driving forward the Junior Doctor Efficiency Programme, reducing capped usage, and job planning.
- **Staff sickness:** The level of sickness amongst colleagues continued to be problematic, and the Board was additionally advised of the large number of unwell colleagues who, as members of the local community, were experiencing delayed diagnostics and remained on waiting lists for treatment.
- **Mental health:** There continued to be a trend of mental health issues across the organisation, however the psychology service for staff which formed part of the Trust's extensive health and wellbeing offer, was well used and proving to be a valuable service for colleagues.
- **Flu metrics:** Whilst the Trust was not an outlier at regional level, the take-up of the flu vaccination by staff was low, and communication and engagement continued in an effort to increase the number of vaccinated colleagues.

#### **Well Led: Finance**

Questions and comments by exception were provided by Ms Troalen, as follows:

- **Financial reforecast:** It was noted, for context, that all NHS organisations had received a letter from NHSE towards the end of 2023, driven by the large national deficit. Whilst setting out that the prioritisation of cancer care and very long waits continued nationally, 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. A reforecast of a £103.8m deficit had now been agreed and Ms Troalen expressed a reasonable level of confidence in the ability to deliver that figure, although it was noted that there may be some difference as a result of the impact of ongoing industrial action.
- **2023/24 financial year:** The substantial degree of risk which had been identified at the start of 2023 had subsequently transpired. Whilst agency spend had seen a downward trajectory in all areas, the exception had been in high levels of unforeseen escalation, and this would be an area of continued focus in 2024/25.
- Whilst recognising that there should be no loss of focus on the fact the organisation was off-plan, the detail and themes in financial planning and delivery, and sustainability of improvement and quality balance, were acknowledged as key.

	The Board of Directors noted the Integrated Performance Report, and took assurance from the systems of control which were in place.	
015/24	<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 Mrs Boyode reported, by exception, that the reduction in theatre vacancy target had been achieved.</p> <p>The Board of Directors noted the report, and the progress of the G2G programme as at the end of December 2023.</p>	
016/24	<p><b>Trust Strategy Update Report</b></p> <p>The Board of Directors received the report from the Director of Strategy and Planning, which was taken as read.</p> <p>Mr Lee clarified that the Trust Strategy was an evolving document, with accompanying Trust and System strategies also continuing to be developed in an inter-related way.</p> <p>The Board of Directors noted the report.</p>	
017/24	<p><b>Public Participation Report Q3 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>The Board of Directors noted, with thanks, the extensive activity in Quarter 3 across the Public Participation Team.</p>	
<b>REGULATORY AND STATUTORY REPORTING</b>		
018/24	<p><b>Freedom to Speak Up (FTSU) Report Q3 2023/24</b></p> <p>Ms Milanec welcomed Ms Turner, FTSU Lead Guardian, to the meeting.</p> <p>The report was taken as read, and the Board was additionally guided to the accompanying appendices in the Information Pack.</p> <p>Following discussion on the number of open cases, it was agreed that Ms Milanec would meet with Ms Turner to review what more could be done to close these down, and to unblock any issues with the Executive team. A closure trajectory would be prepared as a result and progress reported back by FTSU going forward.</p> <p>The Chair highlighted the requirement for all Board members to complete all three of the FTSU online training modules, with the second and third modules aimed at Managers and Senior Leaders</p>	<b>DofG</b>

	<p>respectively. It was accepted that the second and third modules had only very recently been added by the L&amp;D team to LMS profiles in a number of cases.</p> <p>The Board of Directors noted the report and approved the 2024/25 FTSU Vision and Strategy priorities, as detailed within the report.</p>	
019/24	<p><b>How we Lean from Deaths Report Q2 2023-24</b></p> <p>The Board of Directors received the report from the Medical Director. The report was taken as read, and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• <b>Perinatal Mortality:</b> The report now included a greater amount of information on perinatal mortality. Having specifically reviewed the Trust’s neonatal mortality rate over a two-year period, Dr Jones provided assurance to the Board that no concerns had arisen related to unexplained or suspicious circumstances.</li> <li>• The Chair asked that following receipt of the final report from the External Expert Review Panel, Dr Jones ensured that significant care was taken with regard to any required redaction in Board and Committee reporting, to support the release of the key conclusions into the public domain.</li> <li>• <b>Medical Examiner Service:</b> Invited to comment on the extra level of scrutiny provided by the service as a result of different doctors reviewing people’s care, Dr Jones responded that it had been extremely useful to have a parallel qualitative review process alongside the available data.</li> </ul> <p>The Board of Directors noted the report.</p>	
020/24	<p><b>Equality Delivery System Annual Reports</b></p> <p>The Board of Directors received the report from the Director of People &amp; OD, requesting approval for publication of the Trust’s Gender Pay Gap Annual Report 2023, and the Equality Delivery System (EDS) Report.</p> <p>Both reports were taken as read, and the following key points were covered in subsequent discussion:</p> <ul style="list-style-type: none"> <li>• <b>Gender Pay Gap in senior roles:</b> Mrs Boyode emphasised the need to encourage women to see themselves in senior roles, and that flexibility was a critical factor in ensuring they had the opportunity to achieve success.</li> <li>• <b>Median bonus pay:</b> reasons for the gap between 2022 and 2023 did not seem to make sense, and Mrs Boyode took an operational action to review the relevant chart.</li> </ul>	

	<ul style="list-style-type: none"> <li>• EDS: Although the Trust had a strong staff health and wellbeing provision, Mrs Boyode expressed her disappointment that it had proved difficult to evidence the work being done under the framework requirements. PODAC, who had received both reports at its latest meeting, had also been disappointed with the level achieved overall, and had suggested the production and publication of an action plan to sit alongside the EDS report.</li> <li>• Mrs Boyode looked forward to a more detailed discussion, as part of the wider People Strategy, at a planned forthcoming Board away day.</li> </ul> <p>The Board of Directors approved the publication of the Gender Pay Gap Report, and the EDS 2022 Report, and agreed the accompanying publication of an EDS action plan once produced.</p>	
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**ASSURANCE FRAMEWORK**

021/24	<p><b>Integrated Maternity Report</b></p> <p>The Board of Directors received the report from the Director of Nursing, who was joined for this item by Mrs Lawrence, Director of Midwifery, and Mr Wright, Programme Director, Maternity Assurance.</p> <p>Colleagues were referred to the detail contained within the report, which was taken as read, and the following key points were covered:</p> <ul style="list-style-type: none"> <li>• In response to a concern from Mr Miner on the seriousness of some of the actions ‘at risk’, where additional funding was required, assurance was provided that even though actions were not yet delivered they continued to be addressed at pace. Mrs Flavell and Dr Jones clarified that every action at risk had mitigation in place, and provided an example of the substantial mitigation in place to provide a 24 hour consultant service. Whilst there were plans and trajectories to achieve long term sustainability of this action, mitigation was in place, through agency usage, due to the ongoing challenge of consultant recruitment. Mr Miner was assured on the mitigation provided.</li> <li>• The Board of Directors reviewed the Safety Champions’ Perinatal Locally Agreed Dashboard, Q3 2023/24, contained at Appendix 2 of the supplementary information pack.</li> </ul> <p>The Board of Directors noted and took assurance from the report, acknowledged that the Year 5 CNST scheme had now closed, and that the Trust was declaring compliance against all 10 Safety Actions, which had been externally validated by NHSE.</p>	
022/24	<p><b>Incident Overview Report</b></p> <p>The Board of Directors received the report from the 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 3 and 5, outlining new PSIRF incident management processes and cases.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
<b>BOARD GOVERNANCE</b>		
023/24	<p><b>Safeguarding Children and Young People Policy</b></p> <p>The Board of Directors received the above policy for approval following review in line with its renewal date.</p> <p>The Director of Nursing confirmed that the policy had been through the required governance, with QSAC ultimately recommending approval to the Board.</p> <p>In response to a query from Ms Milanec on staff training in the identification of child sexual exploitation, Mrs Flavell confirmed that frontline staff did receive the necessary training, and there was a requirement for certain groups of staff to undertake specific training.</p> <p>The Board of Directors approved the renewed Safeguarding Children and Young People Policy, subject to correct alignment of the contents page with appropriate page numbers.</p>	
024/24	<p><b>Review of Board Committee Membership</b></p> <p>The Board of Directors received the report from the Director of Governance, on behalf of the Chair, detailing the proposed new assurance committee membership allocations following the appointment of Ms Dunnnett and Mr Crowther, and the departure of Dr Lyttle.</p> <p>The Board of Directors approved the new membership allocations, as per the requirements of Standing Order 4.2.</p>	
<b>PROCEDURAL ITEMS</b>		
025/24	<p><b>Any Other Business</b></p> <p>There were no further items of business.</p>	
026/24	<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 March 2024 from 0930hrs–1330hrs, and would be live streamed to the public.</p>	
<b>STAKEHOLDER ENGAGEMENT</b>		
027/24	<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>		

DRAFT