

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

Thursday 12 September 2024
Held in Shrewsbury Education & Conference Centre

MINUTES

Name	Title
MEMBERS	
Prof T Purt	Acting Chair
Mrs L Barnett	Chief Executive
Ms S Biffen	Acting Chief Operating Officer
Mrs R Boyode	Chief People Officer
Mr D Brown	Non-Executive Director
Mr R Dhaliwal	Non-Executive Director
Ms R Edwards	Non-Executive Director
Mrs H Flavell	Director of Nursing
Mr S McKew	Deputy Medical Director (<i>representing Dr Jones</i>)
Mr R Miner	Non-Executive Director
Ms H Troalen	Director of Finance
IN ATTENDANCE	
Mr S Crowther	Associate Non-Executive Director
Ms S Dunnett	Associate Non-Executive Director
Mr N Lee	Director of Strategy & Partnerships
Ms A Milanec	Director of Governance
Ms I Robotham	Assistant Chief Executive
Ms B Barnes	Board Secretariat (Minute Taker)
GUEST ATTENDANCE	
Ms H Turner	Freedom to Speak Up Lead Guardian (Agenda Item 135/24)
Mrs K Williams	Interim Director of Midwifery (Agenda Item 136/24)
Mr M Wright	Programme Director, Maternity Assurance (Agenda Item 136/24)
Ms J Williams	Interim Chief Executive Elect
APOLOGIES	
Mrs T Boughey	Non-Executive Director
Dr J Jones	Medical Director
Ms W Nicholson	Associate Non-Executive Director

No.	ITEM	ACTION
PROCEDURAL ITEMS		
118/24	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed all those present, including observing colleagues and members of the public.</p> <p>Prof Purt also extended a warm welcome to Ms Williams, Interim Chief Executive Elect, who was joining today's meeting as a guest. Ms Williams would be taking up her post the following Monday, 16 September 2024.</p> <p>Apologies were noted.</p>	
119/24	<p>Patient Story</p> <p>The Director of Nursing introduced a video, in which colleagues spoke about the concept and introduction of the Discharge Medicine Service, and a patient shared insight of his positive experience and impact from accessing the service.</p> <p>The Board was pleased to note the creative approach introduced by the Pharmacy Teams to support patients with medicines management, through transitions between primary and secondary care, providing improved patient outcomes.</p> <p>The Chair asked Mrs Flavell to relay the thanks of the Board to pharmacy colleagues for the introduction of this beneficial service for our patients and their carers.</p>	
120/24	<p>Quorum</p> <p>The Chair declared the meeting quorate.</p>	
121/24	<p>Declarations of Conflicts of Interest</p> <p>No conflicts of interest were declared that were not already included on the Register of Directors' Interests.</p> <p>The Board of Directors was reminded of the need to highlight any further interests which may arise during the meeting.</p>	
122/24	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 11 July 2024 were approved by the Board of Directors as an accurate record, subject to the following amendments:</p> <p>Agenda Item 098/24 Report from the Chief Executive (provided by the Assistant Chief Executive): Amendments requested by Ms Robotham and Mrs Flavell respectively, as follows:</p> <p>Second paragraph: '...., Ms Robotham added that NHSE the ICB would be undertaking an 'Insight' visit to the Trust the following day to review all improvement actions'.</p> <p>Third paragraph: '...., Mrs Flavell provided the following assurances, <i>(bullet four)</i> – Professional Nurse Advocates have</p>	

	<p>been introduced into ED ED <i>The recent introduction of Professional Nurse Advocates in areas throughout the Trust had also been introduced into ED</i>’.</p> <p>Agenda Item 107/24 Bi-Annual Nurse Staffing Review: Wording removal from third paragraph requested by Mrs Flavell, as follows: ‘Mrs Flavell clarified on the figures for nurse staffing within ED being in excess of SNCT recommendations, that the tool does not capture/reflect the 12 hour waits in ED’. nor waits in corridors <i>(which did not apply to the tool)</i>.</p>	
123/24	<p>Action Log</p> <p>The Board of Directors reviewed the action log, and agreed the following:</p> <ul style="list-style-type: none"> • Action Log No. 1, Progress report on action plans developed following Dispatches programme to be brought to the next meeting: Closure of action agreed as this was an agenda item at today’s meeting. • Action Log No. 2, Technical issues following EPR implementation – Update to be provided at next Board meeting on outcome of discussions with commissioners, to ensure the Trust was not penalised financially due to quality issues with national data submissions: A verbal update was provided by Ms Troalen and Mr Lee, which covered the following points: <ul style="list-style-type: none"> ○ In the context that this situation was not without precedent, the national NHSE technical team have provided assurance that if the Trust can submit April-September 2024 data by October 2024, all income will be taken into account. If that does not prove possible, they will work with the Trust to find a solution. The need for support from ICB and regional colleagues was also noted. ○ The Executive Team were undertaking regular reviews, and should be in a position to advise on the likely course of action by the middle of the following week. ○ The Chair asked for a written report to be brought to the next Board meeting, to cover all issues and their impact, together with an action plan and timelines for resolution. Ms Troalen provided the context that there were operational issues with the Patient Administration System (PAS) and separate data warehouse issues, and her recommendation would be to separate both for reporting purposes. It was agreed that further discussion would take place outside of the meeting to develop how most effectively to report back to Board. In the meantime, colleagues agreed that the action should remain open. • Action Log No. 3, FTSU issues – reasons for the long resolution 	<p>DS&P / DoF</p>

	<p>time of some cases: A verbal update was provided by Ms Milanec, explaining that where FTSU review an issue and deal with a concern, it is sometimes not appropriate to close down the case completely. There are sometimes complex cases where issues have been dealt with but they remain open and ongoing, for example 17 open cases could relate to one concern. At the request of the Chair, Ms Milanec confirmed that this information would be captured in future reports. Closure of action agreed, as colleagues acknowledged that the original query had been answered.</p> <p><i>(The Board subsequently noted that comprehensive information on cases remaining open for an extended period of time had been included in the FTSU Report presented by the Lead Guardian later in the meeting).</i></p>	
124/24	<p>Matters arising from the previous minutes</p> <p>No matters were raised which were not already covered on the agenda or action log.</p>	
REPORTS FROM THE CHAIR AND CHIEF EXECUTIVE		
125/24	<p>Report from the Acting Chair</p> <p>The Board of Directors received a verbal report from the Chair, which focused in particular on population health management, following the recent publication of Lord Darzi's report on his independent investigation into the current performance of NHS England.</p> <p>Prof Purt emphasised that the concept of moving to population health management was an approach which the Trust had been advocating for some time, and he welcomed the report.</p> <p>Mr Lee added that this was one of the primary drivers of the clinical services strategy work which had taken place last year, which had included a focus on the Trust's role in delivering activity in the community. There was also an opportunity for the Trust to work with the ICS on development of the System's Population Health Management Group.</p> <p>Finally, Mrs Barnett echoed the importance of working together with the ICS on a joined up approach across the System, to support those in our communities to remain well. There were increasing examples of teams working together across the System, with population health at the heart, and Lord Darzi's report had provided an opportunity for the Trust and System to acknowledge and reflect on the findings, in the interests of the people we serve.</p> <p>The Board of Directors noted the report.</p>	
126/24	<p>Report from the Chief Executive</p> <p>Mrs Barnett had no exceptional items to report, advising that key risks and issues would be addressed through subsequent reports</p>	

	from Assurance Committee Chairs, and the Integrated Performance and Getting to Good Reports.	
REPORTS FROM ASSURANCE COMMITTEE CHAIRS		
127/24	<p>Quality & Safety Assurance Committee (QSAC) Report</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"> • Royal College of Physicians' (RCP) SaTH-commissioned external review of Neonatal Mortality: Mr McKew advised that, following completion of factual accuracy checking of the draft report, which had been returned to the RCP by their deadline of 28 August, the final report was currently awaited by the Trust. When received, the report (appropriately redacted to ensure patient confidentiality) would be brought to the first available Board meeting in public, which was likely to be November 2024 (with ongoing future monitoring of action plan updates through QSAC). • Badgernet electronic system in Neonatal Care: The Committee considered that it would be helpful to have a firm date for extending Badgernet to the Neonatal Unit, due to the difficulties being experienced regarding data quality and completeness of record keeping. Mr Lee advised colleagues that in addition to an £80,000 capital requirement for this work, there was also a large revenue element, which was being worked on. He also cautioned that there was currently a significant capacity challenge within the IT team. Further updates would be provided through future Committee Chair's reports to Board. • Frailty Assessment Unit: Mrs Flavell reported that positive feedback had been received following a recent visit from NHSE's Getting it Right First Time (GIRFT) team, to review the improvement work underway under the Trust's pilot scheme. <p>The Board of Directors noted the issues and activity highlighted in the report and took assurance from the ongoing monitoring activity by the Committee.</p>	
128/24	<p>Finance & Performance Assurance Committee (FPAC) Report</p> <p>The Board of Directors received the report from the Committee Chair, Mr Miner.</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"> • Cancer performance and Referral to Treatment standard (RTT): Following the move of the Trust back to NHSE Tier 1 monitoring 	

	<p>due to the deterioration in performance since April 2024, revised trajectories had been implemented to reduce backlog and improve 62-day performance (<i>covered further in the IPR report</i>).</p> <ul style="list-style-type: none"> • Data Warehouse reporting: as referenced earlier in the meeting, the Committee heard of the challenges caused by issues with national data submissions, which were resulting in significant financial risk for the Trust. • Financial control: Work was ongoing on a focused performance and financial forward look. The potential unmitigated year-end position and proposed remedial actions were to be discussed at the September Committee meeting, and Mr Miner provided assurance that this would be a key feature in the Committee reports to Board going forward. <p>The Board of Directors noted the issues and activity highlighted in the report, and took assurance from the ongoing monitoring activity by the Committee.</p>	
129/24	<p>People & OD Assurance Committee (PODAC) Report</p> <p>The Board of Directors received the report from Mr Brown, on behalf of 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"> • Vacancy reduction: This was currently below plan, and Mrs Boyode confirmed that work was ongoing to consider and adopt reform in ways of working, particularly through greater integration/partnership working. • Global leaver rate: Whilst this currently sits at 11%, the Committee noted that a specific focus was to be given to scientific, technical, clinical and allied health professionals, where the leaver rate was much higher. Speaking of the context to the global rate, Mrs Boyode clarified that in reality the market is extremely competitive. There was also recognition of the need to be realistic with people in advance, on the conditions in which they would be working, and the importance of a continued organisational focus on culture. Colleagues also agreed that the Board needed to see more about the strategic agenda for our wider population, not just the acute environment. <p>The Chair emphasised that the organisation’s strategy around culture and retention were key specific areas on which he wished PODAC to focus.</p> <ul style="list-style-type: none"> • On a more positive note, with regard to the support provided to our learners, Mrs Flavell was pleased to report that the Trust had been nominated for an ICB-wide award for preceptorship (which 	

	<p>provided a period of structured support to health and care workers at key moments of career transition).</p> <p>The Board of Directors noted the issues and activity highlighted in the report, and took assurance from the ongoing monitoring activity by the Committee.</p> <p>Finally, Prof Purt requested the inclusion of some clear recommendations in all Committee reports to Board going forward, to allow both for the Board to be sighted and provide appropriate direction.</p>	
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STRATEGIC, QUALITY AND PERFORMANCE MATTERS		
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130/24	<p>Dispatches Programme – Action Plan, process and governance</p> <p>The Board of Directors received the report from Mrs Flavell, presented on behalf of herself and Dr Jones.</p> <p>The report was taken as read, and Mrs Flavell highlighted the following points:</p> <ul style="list-style-type: none"> • Immediate actions, as detailed in section 2 of the report, were taken to address the specific concerns that arose from the programme, and to provide increased on-the-floor oversight in the Emergency Department (ED). • An action plan has been developed which is updated weekly, together with a dashboard which is updated with the daily audit results from key metrics aligned to the action plan. Monitoring of improvement is provided both by senior presence in departments and weekly review of the quality dashboard and exception report by the whole executive team. • Actions are aligned and triangulated with the CQC action plan, and Urgent & Emergency Care (UEC) Transformation Programme action plan, with monitoring through monthly review meetings with the CQC, and existing governance structures. Mr McKew added that it was important to look at ED as a whole Trust issue, and have Trust-wide and System actions to support us to do the right thing for our patients. • There has been extensive stakeholder engagement and involvement, as detailed in section 4 of the report, with resulting recommendations included in action planning; and the Trust continued to work with partners across the system to introduce alternative pathways of care. • The health and wellbeing offer to colleagues continued to be developed and promoted, with an enhanced offer including additional chaplaincy and Professional Nurse Advocate support, in addition to the resources already available, including psychology support. 	
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Whilst acknowledging that some of the issues presented in the programme were not unique to this Trust, Mr Miner provided the challenge that there should already have been awareness of the issues and it should not have been necessary to develop a specific action plan for Dispatches. Ms Edwards, as Chair of QSAC, responded that the Committee was already aware of the cultural issues which were highlighted in the programme, so having an action plan linked to these was a way to intensify focus on the change that needed to happen.

Mrs Boyode reaffirmed the importance of culture improvements, and highlighted that the trajectory for ED had been in decline over the last three years compared to other areas.

The Chair stated that this was an example of the Board needing to be more aware of issues, hence his earlier request for recommendations in Committee reports going forward. Conscious also of the need to re-build trust with our communities, he requested (in addition to ongoing monitoring taking place through QSAC), that a quarterly report be brought to Public Board for the next two quarters, with those reports co-authored by clinicians, to provide confidence of ownership by the teams delivering the service.

MD / DoN

Recognising that colleagues were working in an outdated structure, Prof Purt emphasised that the resolution was not simply to recruit more staff, rather it was about having better systems and environment, and improved partnership working. He also reiterated the importance of ensuring that this does not happen again, and the need to provide our local communities, and the Board, with the reassurance that standards were not going to slip back. Ms Dunnett provided assurance, in her forthcoming capacity as Chair of QSAC, that she had arranged to meet with Dr Jones and Mrs Flavell to discuss identification of early flags in QSAC reporting, recognising the opportunity to bring together all action plans, as highlighted by Mrs Flavell above.

The Chief Executive concluded this item by assuring members of the public that the Trust takes the issues highlighted in the Dispatches programme incredibly seriously. Whilst fundamentally recognising that the Trust has an overcrowded ED, effective hospital flow was absolutely critical to sustained improvement. Mrs Barnett also spoke of the Trust's 'Stronger Together' campaign, focusing on cultural improvement suggestions from staff across the organisation. Although progress was being made, the Trust fully accepted that there was much more to do to achieve sustained improvement for those we serve.

The Board of Directors noted the report and took assurance that the executive team have acted on the concerns raised by the programme and put in place a continuous programme of improvement and oversight.

Integrated Performance Report (IPR)

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 to the end of June/July 2024. Whilst some of the key issues had been covered in the previous Committee reports, Mrs Barnett clarified that the IPR provided an opportunity to focus on operational and financial performance in more detail, summarising planned recovery actions, correlated impact, and timescales for improvement.

Questions to executive colleagues were invited, by exception, on subsequent sections of the report:

Operational Summary

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

- **Elective Recovery Programme:** The Trust has been moved back to NHSE Tier 1 monitoring. Validation work continues on the 65-week cohort requiring first appointments, to achieve the operational plan of zero by the end of Quarter 2. Elective Recovery Fund (ERF) funding has been allocated, releasing capacity which will support a reduction in waiting list numbers.
- **Cancer performance:** As referenced earlier in the meeting, the Trust has been moved back to Tier 1 monitoring due to deterioration in performance in Quarter 1. Focus continues on the trajectory for reducing the backlog of patients waiting over 62 days for treatment and on the Faster Diagnosis Standard (FDS), although this was recognised as challenging. The increase in backlog was due to a delay in securing approval for additional capacity during Quarter 1, and workforce capacity in specialist clinics, however additional capacity was now coming on line. Current projections suggested 77% delivery, subject to caveats on challenges over the last six weeks. NHSE have visited the Trust to look at how capacity can be maximised, and a report had been received by the Trust that day with recommendations on how we could work differently.

The Chair referred back at this point to the future role of Committees in terms of forward look, and providing clear sight of issues to the Board.

- **Diagnostic waiting times:** In response to a query from Mr Crowther, Ms Biffen clarified that long-standing vacancies and long-term sickness continue to restrict capacity, with reduced resilience during periods of sickness or annual leave. Recruitment was underway into the long-standing vacancies but was proving challenging, and agency staff, together with insourcing, were being utilised where possible.

- Improvement trajectories: Mr Dhaliwal, referring to trajectories being based on a set of assumptions, endorsed the importance of detailed scrutiny at Committee level. Ms Troalen cautioned that when talking about recovery and performance trajectories, there was an absolute finite pot of money that had to service different needs, which had to be balanced with the financial challenge. She emphasised that the message in this regard had been made very clear by the Secretary of State.

Patient Safety, Clinical Effectiveness & Patient Experience Summary

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

- Smoking at Time of Delivery (SATOD): There had been a further decrease in June to 5.7%, which now exceeded the Government target of 6%. Mr Brown provided his congratulations on this standout performance.
- Deteriorating Patients: Mr McKew reported on the establishment of a focus group to look at deterioration across the organisation, to identify key priorities and areas of focus over the next six months.
- Complaints: In response to a query from Mr Crowther on the reported decline in response times, Mrs Flavell provided the context that there had been a challenge with complaint response performance for a number of years. This was as a result of capacity issues within the complaints team due to vacancies, and capacity issues within divisional teams due to high levels of clinical activity. Mrs Flavell provided assurance to the Board that there was a continued focus on backlog reduction and ensuring patients were kept informed if responses were delayed. In particular, there was a considerable amount of work underway with divisional leadership teams, with weekly monitoring meetings on overdue complaints and trajectories set for backlog reduction.

The Chair queried if there may be a potential correlation with the effectiveness of PALS, as their effectiveness would normally have an impact on reducing complaints. Mrs Flavell undertook to include those metrics, a review of PALS resource, and a complaints improvement plan, in future reporting to QSAC, for onward alerts and recommendations to Board as necessary following Committee scrutiny.

The Chief Executive emphasised that this was a critical area, and stressed the importance of making sure we listen to complainants, and take appropriate actions to respond in a realistic timeframe. Recognising that there had been vast improvement in communicating verbally with patients, Mrs Flavell added that Matrons and Ward Managers were being provided with supportive coaching and guidance on

communicating appropriately with and apologising to patients and families, in an open, honest and caring way.

- Patient harm due to falls: The Chair requested assurance that the slight increase being seen in falls was not linked with 'Fit to Sit' areas. Mrs Flavell responded that this was not a current trend and, if it was identified as such going forward, it would be promptly addressed.

More widely, assurance was provided of the extensive amount of work which was wrapped around falls monitoring and quality improvement, including the appointment of a Reconditioning Lead, who would be starting at the Trust in September. Confirmation was also provided to the Board that falls was a Patient Safety and Incident Response Framework (PSIRF) priority focus.

Workforce Summary

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

- Increase in July sickness rate: Any increase in the Trust's sickness rate had an impact from a financial perspective on availability, and Managers were being supported to ensure they were having effective health and wellbeing conversations with colleagues. The impact of health inequalities in our system was also emphasised, recognising that good conversations with staff were a way to strengthen our important partnership working ambitions.

Mindful also of the link to sickness, Mrs Boyode provided assurance to the Board that this year's flu vaccination programme would be a key focus for the HR and OD teams, and managers, over the coming months.

Referring to health inequalities more generally, and high priority domains for adults and children, Mr Lee advised colleagues of the role that the Trust was playing in this, both with Local Authorities and Health and Wellbeing Boards, noting this as a good example of working together as a System.

Finance Summary

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

- Reporting errors: The Board's attention was drawn, with apologies, to errors in the performance table at the start of this section, noting that rows 2, 3 and 4 should show the cumulative, rather than in-month, position. This would be corrected for future reports.
- Industrial action in June and July: In response to a query from the Chair on whether the cost of this to the Trust would be

funded, Ms Troalen clarified that the assumption of £17m of lost income was not likely to be recognised, and mitigating actions would therefore need to be identified against the loss. £700k was, however, related to direct costs and, although not yet confirmed, there appeared to be a national appetite to fund this element.

- Month 4 deficit: Responding to a further query from the Chair on whether the profile would be altered for the rest of the year, to catch up on the Month 4 £3.6m adverse to planned deficit of £25.1m, Ms Troalen confirmed that this was why the data warehouse issues were so serious, as there was no line of sight on income from treatment. Taking a step back and looking at our financial position as a whole, Ms Troalen preferred to resist granular forecasts, instead carrying out an overlook, and overlaying the original plan. Work was underway with the Divisions on their positions and recovery actions, noting that they were stepping up to the challenge of remaining on budget.
- Capital Programme: A change had been made to the way Finance work with teams to manage the Capital Programme on a monthly basis. Ms Troalen provided assurance that she did not have any concerns about anticipated performance at the end of Quarter 3, a view which was supported by Ms Biffen.
- Band 2 Clinical Support Worker pay review: Conversations were taking place with union colleagues at local level, and the Trust also continued to work with national teams/guidelines. A commitment had been made to take appropriate information through the Finance Assurance Committee when the national picture was resolved.
- Junior Drs pay award: The national team have stated that the award would be fully funded, and sharing of the formula was awaited.
- Escalation: Recognising the constant threat of escalation to the organisation, in terms of both quality and cost, the Chair sought assurance on the executive level of confidence that the Trust has a grip on the process around escalation. It was agreed that this would be revisited outside of today's meeting, from an operational and clinical perspective, and the associated financial implications. The Chief Executive emphasised that a large element of the organisation's cost improvement programme was based on de-escalating, a large part of which involved System partners. There was therefore significant risk in that space, but the Trust had received a support commitment from national teams.

	<p>The Board of Directors noted the Integrated Performance Report, and took assurance from the systems of control which were in place.</p>	
132/24	<p>Getting to Good (G2G) Progress Report</p> <p>The Board of Directors received the report from the Chief Executive, setting out progress against the organisation's areas of transformation as at the end of July 2024.</p> <p>The report was taken as read, and there were no questions raised by exception.</p> <p>Mr Lee wished to alert the Board, however, that the status of the Digital Transformation Programme was likely to move to Amber from next month, due to the very ambitious programme of work and the significant challenge of ensuring the Trust maintains progress on the digital agenda.</p>	
REGULATORY AND STATUTORY REPORTING		
133/24	<p>Report from the Director of Infection Prevention & Control (IPC) Q1 2024/25</p> <p>The Board of Directors received the report from the Director of Nursing.</p> <p>Colleagues were referred to the extensive detail within the report on the statistics for each hospital acquired infection, the mitigating actions implemented, and action plan reviews underway.</p> <p>Referring to a request for assurance from Mr Crowther on section 6 of the report, 'Risks and Actions', Mrs Flavell clarified that mitigating actions were included within individual sections of the report and the IPC Board Assurance Framework (IPC BAF). She further confirmed, from a broader perspective, that the overall approach was in line with previous reporting to Board, and that actions regarding decontamination were fed through appropriate operational and assurance meetings. Assurance was also provided that the Trust now had more robust IPC processes when compared to previous years, with increased ongoing grip and challenge.</p> <p>Finally, Mrs Flavell referred to the lack of a deep clean programme, which was one of the 'Extreme' level risks on the IPC Risk Register. She assured the Board that deep cleaning does take place, but this risk related in particular to the description of a 'true' deep clean, which was where a full decant took place into another ward, and the Trust has the challenge of there being nowhere to decant into.</p> <p>The Board of Directors noted the report, the mitigations in place, and the initiatives introduced to further strengthen the organisation's commitment to Infection Prevention and Control.</p>	

134/24	<p>How we Learn from Deaths, and Medical Examiner /Bereavement Service Report Q1 2024/25</p> <p>The Board of Directors received the report from Mr McKew, Deputy Medical Director, on behalf of Dr Jones.</p> <p>The report was taken as read, and Mr McKew highlighted the following points:</p> <ul style="list-style-type: none"> • The Structured Judgement Review (SJR) tool remains well used, with themes identified from the rich quantitative data produced by this process. • An internal SJR is mandated for all patients with a learning disability or autism, who die whilst receiving care as an inpatient in the Trust, including the ED. Colleagues were referred to the detail in section 14 of the report in this regard, and assurance was provided that the data set was being used to drive quality. <p>Finally, the Board congratulated the team on its shortlisting in the category of 'Patient Safety Team of the Year' in the HSJ Patient Safety Awards.</p> <p>The Board of Directors noted the report, and the progress made in Learning from Deaths and the Medical Examiner & Bereavement Service during Quarter 1.</p>	
135/24	<p>Freedom to Speak Up (FTSU) Report Q1 2024/25</p> <p>Ms Turner, FTSU Lead Guardian, joined the meeting to present the report, which was taken as read.</p> <p>The following key points were covered during subsequent discussion:</p> <ul style="list-style-type: none"> • The Board's attention was drawn in particular to the high level of concerns raised by Additional Clinical Services in Quarter 1. These related to the effects that changes to staffing were having on them, whether bank and agency changes, long term sickness or the recruitment freeze. This pattern was continuing to be seen in Quarter 2. • In response to a query from the Chair, Ms Turner advised that, apart from car parking, FTSU was not seeing any increase in concerns relating to the building work taking place on-site. Should concerns be received going forward, Prof Purt requested the inclusion of details in future quarterly reporting, with the involvement of the Director of HTP in conversations. • Ms Dunnett sought assurance on the Trust's provision for temporary workers to be able to raise concerns. Ms Turner confirmed that bank staff were encouraged to raise any concerns to FTSU, and when doing so there had been positive impacts for the individuals and the organisation. Mrs Boyode 	

	<p>also reminded the Board that the annual staff survey now included all bank colleagues. Additionally, Mrs Boyode advised that she had met with a group of bank staff recently, an opportunity which both she and they had welcomed. Whilst no concerns were raised at the meeting, she would ensure Ms Turner was sighted on any issues raised on future such occasions.</p> <ul style="list-style-type: none"> • Mr Miner asked what lessons the Trust could be learning from the concerns raised in Quarter 1 by Administrative and Clerical colleagues, and Prof Purt also asked if recurring themes were being seen within the same groups. Ms Turner agreed to provide a written report to Board in response to both of these points, to be received at the meeting in public session in November 2024. • Finally, the Board acknowledged the comprehensive information included in the report, which clarified the differing reasons for cases remaining open over an extended period of time. <p>The Board of Directors noted and took assurance from the report, and thanked Ms Turner for her attendance.</p>	<p>DofG / FTSU Lead Guardian</p>
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ASSURANCE FRAMEWORK

<p>136/24</p>	<p>Integrated Maternity Report</p> <p>The Board of Directors received the report from the Director of Nursing, who was joined for this item by Mrs Williams, Interim 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"> • Ockenden Report action progress: All actions (apart from those which are currently de-scoped) were on track for their expected delivery dates. Overall completion compliance currently stands at 86.7%, and it is planned that all Ockenden actions will be delivered by mid-2025. <p>Referring to the eight actions which remain de-scoped, colleagues were reminded that these relate to nationally led external actions (led by NHSE, CQC etc), and delivery is not within the direct control of the Trust. However, all de-scoped actions were reviewed quarterly to determine if there had been any changes since the last review that would allow any to be brought back into scope. Prof Purt proposed that the de-scoped actions be moved from their current inclusion in the appendices, to the main report, for greater transparency.</p> <ul style="list-style-type: none"> • NHS Resolution’s Maternity (and Perinatal) Incentive Scheme (Clinical Negligence Scheme for Trusts – CNST): All 	
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10 safety actions were on track to be compliant, and the Board's attention was drawn to the supporting appendices in the Supplementary Information Pack.

The Board of Directors formally acknowledged that it had received all the reports in section 4.3, and confirmed that:

- (SA1) – it continues to receive quarterly PMRT reports and Board reports (Q4 PMRT Report and Board Report at Appendices 5 and 6; Q1 PMRT Report and Board Report at Appendices 7 and 8).
- (SA3) – it continues to receive the following quarterly reports:
 - The Q1 ATAIN Report at Appendix 9
 - The ATAIN Quality Improvement Project Registration Form at Appendix 10
 - The Q1 Transitional Care Report at Appendix 11.
- (SA4) – the Trust demonstrates effective systems of workforce planning to the required standard in: Obstetric, Anaesthetic, and Neonatal medical and nursing staffing:
 - Neonatal Medical Staffing Report at Appendix 12
 - Neonatal Staffing Paper and Action Plan at Appendix 13, with the action plan received and agreed by Board
 - Anaesthetic Medical Workforce Staffing Paper at Appendix 14
 - Anaesthetic SOP at Appendix 15
- (SA5) – the Midwifery staffing budget reflects the establishment as calculated in the Birthrate Plus Report (which is compliant and was presented to the July 2024 Board of Directors' meeting – next update due November 2024).
- (SA6) – is fully implemented, with Quarterly Reports presented to confirm ongoing compliance:
 - Q4 Saving Babies Lives at Appendix 16
 - Q1 Saving Babies Lives at Appendix 17.
- (SA8) – it has received:
 - The iteration to SA8 of the Maternity Incentive Scheme (as some metrics have changed) at Appendix 18
 - The Q4 Education and Training Compliance Report at Appendix 19
 - The Q1 Education and Training Compliance Report at Appendix 20
 - The Training Needs Assessment (TNA) at Appendix 21.
- (SA9) – using the minimum data set, the Perinatal Quality Surveillance Model is fully embedded, and a review has been undertaken by the Trust Board. The locally agreed dashboard is at Appendix 22.

- (SA9) - it has received the 'You Said, We Listened' posters at Appendix 23.
- (SA9) – the Board Safety Champions are meeting with the Perinatal Leadership Team bi-monthly, and support required of the Trust Board has been identified and implemented (Appendices 24 and 25 from Perinatal Quad meetings for Q4 and Q1 respectively refer). This includes that progress with the Maternity and Neonatal culture improvement plan is being monitored, and identified support considered and implemented.
- (SA9) – there is triangulation of NHS Resolution's (NHSR) Scorecard – Q4 and Q1 scorecards at Appendices 26 and 27 respectively.

Mrs Flavell acknowledged the large number of appendices which CNST requirements stipulate must be received by the Board of Directors, and appreciated the impact this was having on the timely completion of other required business of the Board. She agreed to engage with NHSR on this point, to emphasise that QSAC, as a fully delegated Committee of the Board, already review all CNST reports under its Board-level quality and safety assurance remit, and provides a great deal of effective challenge and scrutiny on all of the CNST reports and data.

The decision of NHSR, following this explanation of the governance rationale to them, would be reported back to the Board. It was noted that, subject to NHSR acceptance and agreement, this would negate the need for the extensive number of reports which were currently having to be brought to Board.

Finally, Prof Purt and Mrs Flavell expressed their thanks to Mrs Williams and colleagues for the phenomenal amount of work, undertaken alongside their regular professional responsibilities, which went into ensuring that the Trust complied with the 10 CNST safety actions and met the detailed requirements of the scheme.

- **Insight Visits to Maternity Services:** There had been very positive initial feedback received from recent ICS and NHSE themed 'Insight' visits to maternity services, and the Board was referred to section 5 of the report for further detail. Formal feedback was awaited.
- **Maternity Open Day:** The Board was advised that the next (and third) Maternity Open Day was taking place on 28 September, following on from the success of the first two Open Days, which had been extremely well received.

The Board of Directors, following comprehensive review of the Integrated Maternity Report and all associated CNST appendices, noted and took assurance from the report.

137/24	<p>Incident Overview Report</p> <p>The Board of Directors received the report from the Director of Nursing, which was taken as read. The following additional points were covered in subsequent discussion:</p> <ul style="list-style-type: none"> • Mrs Flavell advised the Board of her intention for this report to evolve into something quite different in the New Year, transitioning to provide a greater focus on quality improvement. Draft reporting options would be taken to QSAC to seek their input, with the aim of transitioning to an evolved report to Board from January 2025. • Ms Dunnett highlighted the point that the Serious Incident (SI) Framework was very different to PSIRF, and she sought assurance on how the Trust was capturing the impact on patients and families. It was agreed that Mrs Flavell and Ms Dunnett would discuss this further offline, and key points would be reported to Board through the October QSAC Report. <p>The Board of Directors noted and took assurance from the report in relation to patient safety incident management processes.</p>	
138/24	<p>Board Assurance Framework (BAF) – Draft Q1 2024/25</p> <p>The Board of Directors received the report from the Director of Governance. The report was taken as read, with key points and actions from subsequent discussion summarised as follows:</p> <ul style="list-style-type: none"> • BAF risk 5 (<i>The Trust does not operate within its available resources, leading to financial instability and continued regulatory action</i>): The Board discussed at length the proposed reduction to the current total risk score from 20 to 16 due to the funding agreement for the 2024/25 financial year. Ms Troalen reiterated the view of Finance, that the risk ratings of 20 and 16 were both still extreme risks, however what had changed this year was the reduced level of risk the organisation was carrying compared to Month 5 of 2023/24. Mr Miner supported this view, and advised that this had been the topic of healthy debate at FPAC. <p>The Board was supportive of the direction of travel and recognised how far the organisation had come, but noted that, when discussed at the Audit and Risk Assurance Committee (ARAC) on 2 September, members were not in full agreement with a reduction to the risk score.</p> <p>Following consideration, the Board agreed that it would be prudent to wait a little longer to review the Trust’s financial performance, with the expectation that the score could be reduced from 20 to 16 at the financial mid-year point. Ms Milanec also suggested that a review of risks on the risk register be undertaken in Quarter 2, to determine if that supported a lower score.</p>	

- BAF risk 6 (*Some parts of the Trust's buildings, infrastructure and environment may not be fit for purpose*): The Board discussed the proposed reduction to the current total risk score from 16 to 12, due to action plans in place and enhanced risk monitoring across every sector reported at Performance Review Meetings and other internal forums.

Following consideration, the Board accepted the recommendation of ARAC, and agreed to retain the score of 16.

- BAF risk 7a (*Failure to maintain effective cyber defences impacts on the delivery of patient care, security of data and Trust reputation*): The Board discussed the proposed increase to the current total risk score from 15 to 20 due to the current cyber risk environment.

The Board noted that when members of the Finance and Performance Assurance Committee (FPAC) had considered this risk, they felt that the score should remain at 15, however at the ARAC meeting of 2 September members had been unsure whether the score should increase or not, with a question as to how things were now different from the previous quarter.

Ms Milanec advised the Board that a Cyber Security Progress Report, which had been received at the same ARAC meeting, had confirmed that the corporate risk register contains risks for 'Emerging and existing cyber security threats especially due to current political unrest' and 'Unsupported Server Operating Systems', both of which feed into the BAF risk 7a.

As Senior Information Risk Owner (SIRO) for the organisation, Ms Milanec formally recommended that the score should be increased from 16 to 20 due to the current cyber risk environment, however she also suggested that the Board might prefer to defer their decision until after they had received forthcoming cyber security training.

The Board agreed to defer a decision on the proposed increase until after cyber security training, with the likelihood that the score would increase.

- The Board considered the proposal for the lead committee for BAF risk 11 to be transferred from FPAC and HTP sub-committee to the HTP Assurance Committee, and agreed to accept the recommendation of ARAC in support of this change.
- The Chair referred to BAF risk 7b (*The inability to implement modern digital systems impacts upon the delivery of patient care*), querying whether the score was at the right level, bearing in mind the issues the Trust was currently facing with the Electronic Patient Record (EPR) and Data Warehouse. He

	<p>requested that this should be revisited by the newly-established Performance Assurance Committee (PAC).</p> <p>Following consideration of the content of the draft BAF and scores, the Board of Directors approved the BAF for end of Q1 2024/25.</p>	Committee Chair/ DofG
139/24	<p>Quarterly Risk Management Report</p> <p>The Board of Directors received the report from the Director of Governance, which was taken as read.</p> <p>Ms Milanec additionally advised that a divisional risk management review had recently been undertaken by Internal Audit, with the actions currently being worked through. Mrs Flavell queried whether the recommendations from the Audit were in line with the CQC actions. Ms Milanec confirmed that this was the case, and that she would speak with Mr Webb, Head of Risk Management, to clarify the requirement for these to form part of the CQC 'Must Do' report for QSAC.</p> <p>The Board of Directors noted the new report format, the current risk position, and the mitigation in place to ensure that risk management was practiced consistently across the Trust.</p>	
ITEMS FOR CONSENT / APPROVAL (Recommended from Board Committees)		
140/24	<p>Board Committee Terms of Reference (ToRs)</p> <p>The Chair advised colleagues that following presentation of the proposed Board Committee changes at the last meeting, he had taken the new assurance committee structure to the ICB, and NHSE regional and national teams, who had endorsed the direction of travel. He emphasised, however, that this should be seen as the start of the journey, and there would be further changes over coming months.</p> <p>Prof Purt also referred to his awareness of conversations regarding some of the Committee lead executives, which he would be discussing further with the Interim Chief Executive the following week.</p> <p>a. Remuneration Committee – Update</p> <p>The Director of Governance clarified that the ToRs of the Remuneration Committee had been slightly updated, in that membership did not now require all NEDs to be members, with the number of NEDs reduced to four including the Chair, and a quorum of three.</p> <p>The Board of Directors approved the updated Remuneration Committee Terms of Reference.</p> <p>b. Audit & Risk Assurance Committee – Annual Review</p>	

	<p>Ms Milanec clarified that the ARAC ToRs had been updated to reflect the model terms of reference within the new NHS Audit Committee Handbook (March 2024).</p> <p>Mr Miner referred to the need for a qualified accountant to be a member of ARAC, which he believed was referenced in the Handbook. Prof Purt confirmed that he was in the process of appointing an appropriately qualified Associate NED to address this requirement.</p> <p>The Board of Directors approved the updated ARAC Terms of Reference, subject to the conclusion of offline discussion on whether the above requirement should be recognised in the ToRs.</p> <p>c. Finance Assurance Committee – first terms of reference</p> <p>The Board of Directors approved the Terms of Reference for the new Finance Assurance Committee (FAC) as currently presented, with recognition that they would be revisited over coming months.</p> <p>d. Performance Assurance Committee – first terms of reference</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • approved the Terms of Reference for the new Performance Assurance Committee (PAC) as currently presented, with recognition that they would be revisited over coming months, and • approved the disestablishment of the Finance and Performance Assurance Committee. 	
141/24	<p>Risk Appetite Statement 2024/25</p> <p>The Director of Governance reminded colleagues of the discussions which had taken place at a previous Board seminar, to consider the Board’s risk appetite for 2024/25 and upper tolerance levels for risk.</p> <p>The Board of Directors considered the points of debate from the seminar, as detailed in the report; agreed the risk appetite levels/descriptions, which would be placed within the Risk Management Strategy; and approved the content of the risk appetite statement for 2024/25, included as Appendix 1.</p>	
142/24	<p>Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 2023/24 Action Plans</p> <p>The Board of Directors received the reports from the Chief People Officer, (included as Appendices 1 and 2), which indicated improvement across the majority of measures and areas of concern against the Trust’s WRES and WDES data standards.</p> <p>Mrs Boyode emphasised that there was a direct link between equality and care, meaning the WRES and WDES provided an important performance and quality marker, and she provided</p>	

	<p>assurance that the Trust has continued to prioritise delivery of the action plans.</p> <p>Ms Troalen, as executive lead for EDI, commented that the reports were a good example of activities being carried out in line with what the data tells us, and listening to our staff networks. She added that a commitment had been made to the networks to ensure they could view raw data, thereby providing the ability for them to hold the organisation to account.</p> <p>The Board of Directors was pleased to note the improvements made against the WRES and WDES data standards. The Action Plans were approved for publication by the deadline of 31 October 2024, subject to Mrs Boyode checking, prior to publication, the accuracy of the figures Ms Edwards had queried under Indicator 2 in the WDES Action Plan for 2024/25.</p>	
PROCEDURAL ITEMS		
143/24	<p>Any Other Business</p> <ul style="list-style-type: none"> • Mr David Brown: As this was David's last attendance at Board before the end of his tenure, the Chair wished to formally express appreciation on behalf of himself and fellow members of the Board, as well as colleagues across the Trust, for the extensive and dedicated service David had given to the organisation since 2019. • Mrs Louise Barnett: As this was also Louise's last attendance at Board before her forthcoming departure from the Trust, the Chair expressed the sincere appreciation of the Board, and colleagues across the Trust, for the contribution and leadership Louise had brought to the organisation during her time as Chief Executive over the last four and a half years. <p>Colleagues wished both Louise and David every success for the future.</p> <p>There were no further items of business.</p>	
144/24	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Board of Directors in public was scheduled for Thursday 14 November 2024 from 0930hrs–1330hrs.</p>	
STAKEHOLDER ENGAGEMENT		
145/24	<p>Questions from the public</p> <p>The Chair invited questions from observing members of the public on any items covered in today's meeting, which could be submitted via the Trust's website.</p>	
The meeting was declared closed.		