

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

Thursday 14 March 2024

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

MINUTES

Name	Title
MEMBERS	
Dr C McMahon	Chair
Mrs L Barnett	Chief Executive
Ms S Biffen	Acting Chief Operating Officer
Mrs T Boughey	Non-Executive Director
Mr D Brown	Non-Executive Director
Mr R Dhaliwal	Non-Executive Director
Ms R Edwards	Non-Executive Director
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
IN ATTENDANCE	
Mrs R Boyode	Director of People and Organisational Development
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 L Gibson	Improvement Director, NHS England (NHSE)
Ms A Lawrence	Director of Midwifery (<i>Agenda item 048/24</i>)
Mr M Wright	Programme Director, Maternity Assurance (<i>Agenda item 048/24</i>)
Mr J Webb	Head of Risk (<i>Agenda item 051/24</i>)
APOLOGIES	
None	

No.	ITEM	ACTION
PROCEDURAL ITEMS		
028/24	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed all those present, including observing members of the public joining in person and via the live stream.</p> <p>The Chair clarified that from this month the Trust had re-introduced limited reserved observer seating at Board meetings in public. There would also continue to be the option to observe the meetings via the live stream. For any members of the public who would like to observe in person, full details are available on the Trust Board meetings page of our website on how to register for a seat, noting that this needs to be reserved in advance due to limited available space.</p> <p>There were no apologies.</p>	
029/24	<p>Staff Story</p> <p>The Director of People & OD introduced a video featuring a member of staff describing their lived experience, and the challenges they face, due to having ADHD.</p> <p>The Board was advised that approximately one in seven (possibly one in five) working age individuals are neurodivergent, and over the past year the Trust's People Advisory Team had noticed an increase in cases of employees being neurodivergent and requiring extra support.</p> <p>The Trust is committed to improving the experience for neurodivergent colleagues and has developed guidance to mitigate the risk of not attracting or retaining these valued colleagues, and to provide information to managers and staff on how they can listen to and respect our neurodivergent colleagues. The guidance also supports the Trust's Equality, Diversity & Inclusion (ED&I) action plan to help retain our inclusive workforce, who are representative of the communities we serve.</p> <p>The Chair suggested that it would be beneficial for the Trust's staff network to undertake a piece of work with the Board once the guidance had been embedded across the organisation, noting that this would be a valuable example of meeting the commitment which had been set, through all Board members having an ED&I objective.</p> <p>For the benefit of observing members of the public, the Chair also highlighted the Oliver McGowan training on Learning Disability and Autism. Whilst this was mandatory training for all NHS staff, if any members of the public were interested in gaining more information, the Oliver McGowan website link is included here: Oliver McGowan Oliver's Campaign </p> <p>The Board of Directors expressed their thanks to the storyteller for her candid account of the challenges she faced in the workplace, and took assurance from the work being done to support our</p>	

	neurodivergent colleagues.	
030/24	Quorum The Chair declared the meeting quorate.	
031/24	Declarations of Conflicts of Interest No conflicts of interest were declared that were not already declared on the Register. Colleagues were reminded by the Chair of the need to highlight any interests which may arise during the meeting.	
032/24	Minutes of the previous meeting The minutes of the meeting held on 8 February 2024 were approved by the Board of Directors as an accurate record, subject to the following minor amendments: <ul style="list-style-type: none"> • Agenda item 012/24 FPAC Report (partnership working with Shropshire Community Health NHS Trust (SCHT): Reference to a joint executive meeting with SCHT should read fortnightly (not weekly). • Agenda item 012/24 FPAC Report (collaborative working): The final sentence of this paragraph should read 'There were also further schemes being considered for people with long term conditions, to avoid being conveyed by ambulance to hospital and then potential admission'. • Agenda item 014/24 IPR (pressure ulcers): inclusion of the full name of PURPOSE-T (Pressure Ulcer Risk Primary or Secondary Evaluation Tool). • Agenda item 019/24 How we learn from Deaths Report: correction to original typo of 'lean' in the title. 	
033/24	Action Log The Board of Directors reviewed the action log and agreed the closure of Action Log No.1, noting that work was ongoing to improve open FTSU case closure performance. A progress trajectory would be prepared, with progress reported back in future reports from the FTSU Lead Guardian. Action No.32 was noted as not yet due. No further actions were listed for review.	
034/24	Matters arising from the previous minutes No further matters were raised which were not already covered on the action log or agenda.	
REPORTS FROM THE CHAIR AND CHIEF EXECUTIVE		
035/24	Report from the Chair	

	<p>The Board of Directors received a verbal report from the Chair, which covered the following points:</p> <ul style="list-style-type: none"> • With the end of the financial year approaching, a considerable amount of the Board's focus and time was currently on planning for 2024-25 and the financial consequences of running the hospital. • Work was also underway on preparation of the Trust's Annual Quality Report, ensuring that this was framed with the continuation of our quality and risk improvement priorities. <p>The Board of Directors noted the report.</p>	
036/24	<p>Report from the Chief Executive</p> <p>The Chief Executive echoed the comments of the Chair, and advised that she had no exceptional items to report.</p> <p>Key risks and issues would be addressed through subsequent reports from Assurance Committee Chairs, and the Integrated Performance and Getting to Good Reports.</p>	
REPORTS FROM ASSURANCE COMMITTEE CHAIRS		
037/24	<p>Audit & Risk Assurance Committee (ARAC) Report</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"> • Internal Audit recommendations: it was pleasing to note that there had been a degree of success in reducing the number of outstanding internal audit actions. The Internal Auditors would be carrying out follow-ups to the audits, and a review of the outstanding audit recommendations and their status, the results of which would be included as part of the Internal Auditor's year-end reporting, and would be taken to relevant assurance committees. • Descoping of internal audit recommendations: the Chair requested assurance that the Committee would continue to review the recommendations which had been de-scoped due to external factors being required to enable completion. Prof Purt confirmed that these would continue to be monitored and regularly debated by the Committee. • Emergency Preparedness, Resilience and Response (EPRR): it was disappointing to note that the Trust's self-assessment of compliance with the core EPRR standards had been significantly challenged by NHSE. The action plan that had been put in place to improve the Trust's position would be brought to the Committee for assurance on a quarterly basis, and a bi-annual report would be presented at Board. 	

	<ul style="list-style-type: none"> Conflicts of Interest: the latest compliance rate stood at 79.4%, which was very close to the 80% Counter Fraud Functional Standard Return (CFSR) compliance requirement by the end of March 2024. Considerable efforts continued to ensure the organisation reached the 80%, with a particular focus on front-line staff, and lower grade doctors. Head of Internal Audit (HoIA) Opinion: Ms Troalen highlighted for accuracy that the Charitable Funds Governance audit, which was included in the list of ongoing internal audits, was not appropriate for inclusion in the end of year HoIA Opinion, as SaTH Charity was operated independent from the Trust. <p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p>	
038/24	<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"> Delays in cancer care: Ms Biffen advised the Board that the Trust had recently secured extra funding for patients to receive care at The Clatterbridge Cancer Centre, to support a reduction in treatment waiting times. Impact of delays in care: Referring to the items covered within the Alert section of the report, Dr Jones highlighted the link between quality, and delays in being able to provide care. Whilst the content of the report focused on performance issues, he emphasised that quality was the key standard that all colleagues in the Trust wished to work to. Workforce shortages: Referring to the organisation's recently announced vacancy freeze, Mrs Barnett clarified that a rapid review was underway to identify exemption from the freeze for those areas who continued to have critical recruitment requirements, such as Cardiology. She confirmed that the freeze had been implemented to allow the Trust to consider its workforce requirements, now and in the future, to make sure the organisation was an attractive place to work, and to ultimately ensure that the Trust had a strong workforce to deliver care. <p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p>	
039/24	<p>Finance & Performance Assurance Committee (FPAC) Report</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"> • ‘Test of Change’ week: Ms Biffen advised the Board that this clinically-led activity was currently underway, providing an opportunity to focus on how different areas across the organisation operate, allowing for assumptions to be removed and test change in certain parts of the patient journey. Deep dives were being undertaken in areas identified as requiring improvement, which were enabling a robust action plan to be produced. Whilst significant work was still required, Ms Biffen was encouraged by the work underway. She confirmed that whilst teams were fatigued from the operational pressures caused by ongoing industrial action, colleagues were engaged and clearly wanted to do the best for patient care. • Utilisation of shared resources: Monitoring and tracking was recognised as critical in providing early signals of the need to manage the performance and financial impact of actions being taken, both working alongside system partners and internally, to determine how our shared resources can be best utilised for maximum benefit for patients. In response to a query from the Chair on whether the Executive felt there was enough being done to reach out to primary care, Dr Jones advised that, whilst there had been some successful exchanges, which had been very revealing, he felt there was more to be done in this area. Ms Edwards added that she attended the ICB Quality and Performance Committee, and primary care representation was not currently present in those meetings. <p>The Board of Directors noted the report, and took assurance from the ongoing monitoring activity by the Committee.</p>	
040/24	<p>People & OD Assurance Committee (PODAC) Report</p> <p>The Board of Directors received the report from the Committee Chair, Mrs Boughey.</p> <p>Colleagues were referred to the detail within the report, which was taken as read, and the following key points were highlighted:</p> <ul style="list-style-type: none"> • Education: Dr Jones was pleased to draw the attention of the Board to recognition by the General Medical Council (GMC) that Keele medical student graduates had been ranked top in the UK as being prepared for practice for their Foundation Year 1 post, noting that Keele medical students either spend their penultimate or final year in Shropshire, Telford & Wrekin (STW), mainly at SaTH. <p>Mrs Flavell also highlighted the positive relationships and close working between the Trust and local colleges and universities and, with regard to a query on targeted training for international colleagues, she provided assurance that the Trust had a very robust international training programme.</p>	

	<ul style="list-style-type: none"> Agency spend: Ms Troalen was pleased to confirm that there had been a 42% decrease in the Trust's agency spend in this financial year, which was recognised by the Board as a phenomenal piece of work. Attrition: a typo was noted in the fourth bullet of the Alert section, which should read 'SaTH consistently experiences a lower (not higher) attrition rate among its medical and nursing staff compared to similar organisations in the region'. <p>The Board of Directors noted the report, and took assurance from the ongoing monitoring activity by the Committee.</p>	
041/24	<p>Ockenden Report Assurance Committee (ORAC) Report</p> <p>The Board of Directors received the report from Dr McMahon, as Co-Chair of the Committee.</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"> Service user feedback: The results from the recently released CQC Maternity Survey 2023 presented an overall positive picture, but with some areas still requiring focused attention from the Trust and its system partners. Remaining Ockenden Report actions: The Committee asked that the Board of Directors be mindful of the need to secure permanent funding when undertaking financial planning for 2024/25, in order to be able to deliver and sustain 11 of the outstanding actions from the Ockenden Reports. Ongoing governance and assurance: It was noted that progress was being made in determining the overall governance and assurance arrangements for all maternity improvement work going forward, including the actions from the Ockenden Reports, and especially when ORAC had concluded its work. Mrs Barnett emphasised that the organisation was on a journey, with work still to take forward, and she provided assurance that the Trust would continue to involve our service users in the ongoing work. <p>The Board of Directors noted the report, and took assurance from the ongoing monitoring and challenge undertaken by the Committee.</p>	
STRATEGIC, QUALITY AND PERFORMANCE MATTERS		
042/24	<p>Integrated Performance Report (IPR)</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>	

December 2023 / January 2024, summarising planned recovery actions, correlated impact, and timescales for improvement.

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

Operational Summary

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

- **RTT Elective recovery:** Whilst improvements continued in the reduction of 65-week waits, the national re-prioritisation of UEC and cancer had meant that it was unlikely the Trust would achieve zero waits by 31 March 2024. Calculation of the revised 65-week trajectory indicated an end of year position of 819 patients remaining, however Ms Biffen was able to provide a verbal update at the meeting on that number, with around 550 predicted by the end of the year, and zero 65-week waits by the end of September 2024. She remained confident that the Trust would deliver the end of year position on elective recovery.
- **Cancer recovery:** The Trust's validated Faster Diagnosis Standard (FDS) position for December 2023 exceeded the plan (73.2%), achieving 74.4%. The unvalidated January position was 71.3% with 86.9% data completeness. The focus was to achieve the end of year backlog target of 212 (stretch target of 182) by 31 March 2024, which the Trust was on target to achieve.
- **Operational Plan 2023/24 Enablers – Month 10 status:** Referring to the Careflow Electronic Patient Record (EPR) Patient Admin System and ED system scheduled for deployment in April 2024, Mr Lee assured the Board that whilst the programme showed a status of red at Month 10, he was confident of the recovery to amber, and clarity on the path to green. Externality on this assessment was being provided by the national digital team, who were conducting stress testing, which would be built into strengthening our actions. Mr Lee provided assurance that he remained confident the changeover would be delivered in April 2024.
- **Theatre productivity:** In response to a query from Mr Miner, Ms Biffen confirmed that recruitment issues at PRH would prove a challenge to theatre productivity due to access to elective beds. The Trust was attempting to work with the Theatre Academy to train colleagues but there were challenges with retention of theatre staff. Assurance was provided that there were actions in place to ensure the Trust had the required staffing level, either via insourcing or internally. Additionally, the Elective Hub was scheduled to open on 10 June which, as it was a new facility, would be a recruitment attraction. It was also confirmed that the Trust had received support from the Robert Jones and Agnes Hunt Orthopaedic Hospital and, as advised at last month's meeting, the 'Getting it Right First Time' (GIRFT) national programme had met

with all teams and specialties in the organisation to focus on quality and productivity across a range of services.

Patient Safety and Clinical Effectiveness Summary

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

- **Pressure ulcers:** Challenges continued to be seen with pressure ulcers, and a deep dive had identified issues in relation to the accuracy of risk assessments and associated actions. In addition to extensive ongoing training, the Trust was replacing 'Waterlow', the risk assessment tool which had been used for many years, with the 'PURPOSE-T' (Pressure Ulcer Risk Primary or Secondary Evaluation Tool) risk assessment framework, which was a more responsive tool.
- **Complaints:** Response timeframes were not meeting the Trust standard, due primarily to delays caused by the challenges of operational pressures being experienced by clinical teams. Work had taken place on how work with the Divisions could be streamlined to improve the overall pathway for dealing with complaints. There was a plan to reduce the backlog, and meetings with complainants and their families were being encouraged as a means of timely and effective engagement.

Ms Milanec additionally highlighted to the Board that there had been an exponential rise in Subject Access Requests (SARs) and Freedom of Information Requests (Fols) received by the Trust, which were still increasing.

- **Industrial action:** In response to a query from Mr Dhaliwal, Ms Biffen advised that there was good clinical engagement on the provision of clinical capacity to mitigate the impact of ongoing industrial action.
- **Mortality:** Dr Jones apologised for the disparity between some of the information in the IPR relating to mortality outcome data and the Learning from Deaths report which was received by the Board on a quarterly basis. He took an operational action to ensure the author of this section of the report worked with the Head of Learning from Deaths to ensure accurate alignment going forward.

Workforce Summary

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

- **Staff Survey:** it is very encouraging to note that the latest staff survey results had shown a significant improvement in engagement score. Whilst accepting that the Trust was coming from a low benchmark, and that we remained below average, it was clear that our extensive engagement work was making a difference, and we were heading in the right direction.

- Staff sickness: it was recognised that the level of sickness amongst colleagues was still high, which was adding to the unavailability figure. As advised at the last meeting, the Trust had a large number of unwell colleagues who, as members of the local community, were experiencing delayed diagnostics and remained on waiting lists for treatment. Additionally, colleagues were experiencing fatigue due to the continued operational challenges the Trust was facing, demonstrating the importance of the Trust's health and wellbeing offer. Whilst recognising there was more to do in this space, Mrs Boyode expressed the view that there needed to be greater realism around the organisation's sickness metrics, as she felt that continued use of historical metrics was the underlying reason for the ongoing high rate of sickness.
- Flexible working: the Trust's flexible working offer was highlighted as one of our flagship programmes, and as a result an improvement had been seen in associated staff survey scores. The Chair, whilst recognising the importance of flexible working to recruitment, retention and staff health and wellbeing, commented on the need to be mindful of what was reasonable, and the benefit of providing education around flexible working requests.
- Staffing numbers: Mr Miner queried that whilst there was a correlation within the report between vacancies and numbers employed, the temporary staffing figure had not changed. Ms Troalen responded that this was likely to be due to the switch between bank and agency usage, and consideration would be given to splitting bank and agency staffing within the report going forward. Mrs Boyode added that she would like the Board to note that there had been a significant increase in substantive workforce, and a determined focus on retention would be incredibly important going forward.

Mrs Barnett, emphasising that it was important the organisation lived within its resources, added that there was more that the Trust could do around the bank and agency space, and also opportunities which could be provided to our staff internally, in addition to ensuring rotas were externally scrutinised to provide an objective view.

Finance Summary

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

- 2024-25 planning: achieving our quality and performance aims within available resources remained a focus of planning for the financial year ahead. Ms Troalen provided assurance to the Board that she was reasonably confident the Trust would deliver its revised 2023/24 forecast, and advised that there were also various national allocations being made available at the year end.

	<ul style="list-style-type: none"> • Capital Programme: in response to a query from the Chair on the projection on delivery of capital, Ms Troalen was confident that the Trust would deliver in line with its capital allocation for next year. • Sustainability: Whilst recognising the Trust's challenging financial position, assurance was provided to the Board that there continued to be intensive focus on sustainability of improvement, and financial planning that delivered high quality care. <p>The Board of Directors noted the Integrated Performance Report, and took assurance from the systems of control which were in place.</p>	
043/24	<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 January 2024.</p> <p>The report was taken as read, and there were no questions raised by exception.</p>	
044/24	<p>Health Inequalities Update</p> <p>The Board of Directors received the report from the Director of Strategy and Partnerships, outlining the work undertaken and planned in relation to the progression of this important agenda.</p> <p>The report was taken as read, and the following key points were covered:</p> <ul style="list-style-type: none"> • Mr Lee provided assurance that the Trust was fully aware of the requirement to identify key information on health inequalities and set out how we have responded to it in our annual report (starting from the report for 2023/24). This was recently set out in NHS England's Statement on Information on Health Inequalities (duty under section 13SA of the National Health Service Act 2006). The areas of information are less than the full range of measures in the national prevention and health inequalities framework, and also recognise the challenges in some organisations of disaggregating data by certain variables. • The Board was advised that the last 12 months had seen a significant change in work on health inequalities. The Health Inequalities Framework was a system-led programme, and a system Prevention and Health Inequalities Board had been established in September 2023 to improve system-wide oversight of the Health Inequalities plan. • The need for more extensive and accurate data on health inequalities also demonstrated the importance of the forthcoming upgrade to the Trust's Patient Admin System (PAS), which would provide an opportunity for data to be reviewed and analysed by the Business Intelligence (BI) team. 	

	<ul style="list-style-type: none"> • In response to a query from Ms Edwards on prioritisation, relating to Objective 1 of the SaTH Health Inequalities Work Programme/Actions (appendix 1 to the report), 'Restore NHS Services Inclusively', Mr Lee responded that there was more we need to know in this space, and the Trust was speaking to University Hospitals of Leicester NHS Trust, who had been undertaking work in this area. He emphasised that this was an example of why it was important to have an integrated system intelligence picture. • Referring to Objective 12 of the same appendix, Ms Dunnett referred to the importance of taking every opportunity to provide physical health checks for people with severe mental illness, not just annually as prescribed in the document. <p>The Board of Directors noted the report, progress to date and planned actions.</p>	
045/24	<p>Report from the Director of Infection Prevention & Control</p> <p>The Board of Directors received the report for Quarter 3 of 2023/24 from the Director of Nursing.</p> <p>The report was taken as read, and the following key points by exception were covered by Mrs Flavell:</p> <ul style="list-style-type: none"> • Clostridioides Difficile: Cases were always investigated, and the six periods of increased incidence covered in the report were in line with the picture being seen both regionally and nationally. Assurance was provided that the Trust continued to work alongside ICB colleagues on appropriate targeted prescribing, and had received a positive peer review on its action plan. In response to queries from Non-Executive Directors, Mrs Flavell additionally confirmed that national data benchmarking and local investigations were underway to determine if there was a correlation between overcrowding, particularly during critical incidents, and the increase in cases. Findings would be taken through QSAC, and included in the next quarterly report. • COVID-19: Whilst outbreaks were still being seen and managed, the numbers were decreasing, and a review had recently taken place of the organisation's Covid risk assessment as a result. • MRSA bacteremia: A series of interventions had been put in place as a result of the learning from the two cases identified in the quarter, focusing both on processes and device management. • Measles: An increase in cases was being seen nationally and regionally. Whilst the Trust had no cases in quarter 3, there had been two so far in quarter 4. Very robust monitoring systems were in place, both through Public Health England and the system. Dr Jones took the opportunity to encourage observing members of the public to receive their MMR vaccinations through primary care 	

	<p>if they had not been vaccinated, stressing that measles was an extremely serious and unpleasant disease.</p> <p>The Board of Directors noted the report.</p>	
REGULATORY AND STATUTORY REPORTING		
046/24	<p>Quarterly Report from the Guardian of Safe Working</p> <p>The Board of Directors received the report from Dr Jones on behalf of Dr Barrowclough, the Guardian of Safe Working. The report was taken as read, and the following key points were covered:</p> <ul style="list-style-type: none"> • Delay in the implementation of a central rostering system: The Board noted with concern the challenges to implementing a central rostering system, and the resulting continued risk to monitoring the safe working practices of locally employed and postgraduate doctors in training throughout the Trust. Colleagues were provided with assurance that work was underway, and the Chair confirmed that she had asked the Executive to bring a focused paper on this to Board, which would be received at the meeting in May 2024. • Post Graduate Doctors and Dentists in Training (PGDiT): Dr Jones observed that despite expansion following successful bids for additional national training posts, including West Midland redistribution, the NHSE fill rate remained at 70%, resulting in a requirement to fill the remaining percentage through local recruitment. He additionally confirmed, in response to a query from Mr Brown, that the reason for an increase in the shortfall of doctors and dentists in waiting was typically due to the wider training opportunities available in conurbations, providing greater flexibility in future career choice. <p>The Board of Directors noted the report.</p>	
047/24	<p>Equality, Diversity & Inclusion (ED&I) Annual Report 2023</p> <p>The Board of Directors received the report from the Director of People & OD, requesting consent to publish the Workforce and Patient ED&I annual data report on the Trust's website by the required date of 31 March 2024, in compliance with the Public Sector Equality Duty.</p> <p>Noting that the report had already been through significant scrutiny and challenge by organisational groups and the People & OD Assurance Committee, the Board of Directors consented to the publication of the report.</p>	
ASSURANCE FRAMEWORK		
048/24	Integrated Maternity Report	

	<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 points were covered by exception:</p> <ul style="list-style-type: none"> • The technical guidance and standards for year 6 of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme had not yet been released, but the Trust understood that the guidance was due to be published on 2 April 2024. Based on what had been seen to date, no compliance risks were foreseen. • The responsibility of the Board to review all the appendices associated with this report was emphasised, which were contained in the supplementary information pack. Board members confirmed that all nine appendices accompanying the report at this meeting had been fully scrutinised and challenged. • Particular reference was made to the Safety Champions' Locally Agreed Dashboard for Quarter 3 of 2023/24, included as appendix 9, which had received Board review and challenge. • In response to a request from the Chair to Ms Dunnett on whether, from a NED perspective, she felt there was anything the Trust should be addressing differently, she responded with the view that the Trust had a very comprehensive and robust maternity assurance programme. <p>The Board of Directors, following comprehensive review of the Integrated Maternity Report and all associated appendices, noted and took assurance from the report.</p>	
049/24	<p>Incident Overview Report</p> <p>The Board of Directors received the joint report from the Director of Nursing and Medical Director, which was taken as read.</p> <p>The Board's attention was drawn to section 6 relating to overdue incident reports, and sections 3 and 5, outlining new Patient Safety Incident Response Framework (PSIRF) incident management processes and cases.</p> <p>Dr Jones advised the Board that this report would develop over time as the Trust progressed further with PSIRF, to include themes, trends, learning and improvements evidenced.</p> <p>An example was provided of the use of thematic appraisal through PSIRF, which had identified a need to review the length of time people were sitting. Ms Biffen clarified that patients should only sit on hard chairs for four hours at a time, and a focused review was underway to identify the areas within the Trust where only hard seating was provided, with appropriate replacement to be undertaken.</p>	

	<p>In response to a query from the Chair, Mrs Flavell confirmed the discipline in place to ensure that genuine themes were being identified. This included working within the themes agreed when PSIRF was implemented in December 2023, a first line review of all incidents by the Trust's Incident Review Oversight Group, with themes then taken to weekly meetings of the Review, Action and Learning from Incidents Group (RALIG), and ultimately to QSAC for further challenge and assurance.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
050/24	<p>Board Assurance Framework (BAF) Q3 2023/24</p> <p>The Board of Directors received the report from the Director of Governance.</p> <p>Colleagues were referred to the detail within the report, which was taken as read.</p> <p>Ms Milanec reminded the Board of a forthcoming seminar session to review the BAF and the Board's Risk Appetite, and to consider if the BAF was currently being used to best effect. She asked that Board members complete and return the survey which would be issued in advance, to enable some benchmarking work to be undertaken before the session.</p> <p>The Board of Directors, following consideration of the proposed quarter 3 risk scores and the other significant changes detailed in the report:</p> <ul style="list-style-type: none"> • Noted the quarter 3 top scoring BAF risks, the increase of the total risk score of BAF risk 9, and the reduction to the total risk scores of BAF risks and and 11; • Agreed that BAF risk 12 should have joint executive leads from quarter 3; and • Approved the quarter 3 BAF, 2023/24. 	
051/24	<p>Risk Management Report Q3 2023/24</p> <p>Ms Milanec introduced Mr Webb, Head of Risk, to present this report.</p> <p>Colleagues were referred to the detail within the report, which was taken as read, and the Board recognised the extensive risk management activity which was taking place. The following items were covered by exception:</p> <ul style="list-style-type: none"> • Next Steps - Quadrangulation: Mrs Flavell highlighted that both legal and patient experience data would be useful additions to this process. • Risk culture: In response to a query from Mr Miner on whether there was a culture in the organisation of people saying they had risks but mitigations were already in place, Mr Webb provided 	

	<p>assurance that the culture had developed and he proposed to include reference to this in future reports.</p> <ul style="list-style-type: none"> Engagement: Mrs Boyode raised the question of how the risk management work could support our engagement, which led to a suggestion of communication to colleagues on examples of risk that had been addressed, and the resulting benefits for both patients and staff. <p>The Board of Directors noted the current risk position, and took assurance from the mitigation in place to ensure that risk management was practiced consistently across the Trust.</p>	
052/24	<p>Quality & Safety Assurance Committee Terms of Reference</p> <p>The Board of Directors received the QSAC Terms of Reference, following their annual review.</p> <p>The proposed amendments were noted, and the Board approved the updated Terms of Reference.</p>	
053/24	<p>Finance & Performance Assurance Committee Terms of Reference</p> <p>The Board of Directors received the FPAC Terms of Reference, following their annual review.</p> <p>The proposed amendments were noted, and the Board approved the updated Terms of Reference.</p>	
054/24	<p>Anti-Fraud, Bribery and Corruption Policy</p> <p>The Board of Directors received the above policy for approval following review, which reflected current NHS Counter Fraud Authority (NHSCFA) guidance and legislative requirements.</p> <p>The Board of Directors noted the amendments made, the approval recommendation from the Audit & Risk Assurance Committee, and approved the updated policy, subject to the replacement of named individuals with their job titles.</p>	
PROCEDURAL ITEMS		
055/24	<p>Any Other Business</p> <p>There were no further items of business.</p>	
056/24	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Board of Directors in public was scheduled for Thursday 9 May 2024 from 0930hrs–1330hrs.</p>	
STAKEHOLDER ENGAGEMENT		
057/24	<p>Questions from the public</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.	
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The meeting was declared closed.

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