

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

Thursday 9 May 2024

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

MINUTES

| Name | Title |
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| 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 |
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| 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 W Nicholson | Associate Non-Executive Director |
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| Ms B Barnes | Board Secretariat (Minute Taker) |
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| GUEST ATTENDANCE | |
| Ms A Lawrence | Director of Midwifery (<i>Agenda item 079/24</i>) |
| | |
| APOLOGIES | |
| Ms I Robotham | Assistant Chief Executive |

| No. | ITEM | ACTION |
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| PROCEDURAL ITEMS | | |
| 058/24 | <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>Dr McMahon extended a particular welcome to Ms Wendy Nicholson, who had recently joined the Board of Directors as an Associate Non-Executive Director for a term of 6 months. Wendy brings her significant experience in nursing to the Board, particularly in public health, where she has worked on policy at national level.</p> <p>Apologies were noted.</p> | |
| 059/24 | <p>Patient Story</p> <p>The Director of Nursing introduced a video featuring a story from a patient who communicates using British Sign Language (BSL). The patient shared his experiences from when he attended the Emergency Department (ED) at 3am one morning.</p> <p>The Board heard that upon arrival, the patient showed a card to the ED Reception Team which explained that he was profoundly deaf, required a sign language interpreter, and how to book an interpreter through the Trust-preferred interpreter for BSL.</p> <p>Basic details were collected by a member of staff, however without an interpreter being present, communication was difficult and the patient was left feeling vulnerable. He did not have confidence that the staff had awareness of communicating with deaf people, nor that they had booked an interpreter. After waiting for several hours to be advised when an interpreter would arrive, and with no update shared by 6am, the patient decided to 'give up and go home'.</p> <p>The Board was advised of the wide-ranging subsequent actions which have been taken by the Trust since becoming aware of the patient's unfortunate and unacceptable experiences, and the video story will continue to be shared in a range of forums to increase staff awareness.</p> <p>The Board of Directors expressed their thanks to the storyteller for sharing his account of the challenges he faced when accessing the Trust's services, and took assurance from the work and staff training being undertaken to reinforce improved communication and processes to support our patients who are deaf or hard of hearing.</p> | |
| 060/24 | <p>Quorum</p> <p>The Chair declared the meeting quorate.</p> | |
| 061/24 | <p>Declarations of Conflicts of Interest</p> <p>No conflicts of interest were declared that were not already declared on the Register.</p> | |

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| | Colleagues were reminded by the Chair of the need to highlight any interests which may arise during the meeting. | |
| 062/24 | <p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 14 March 2024 were approved by the Board of Directors as an accurate record, subject to the following amendments:</p> <ul style="list-style-type: none"> • Agenda item 038/24 QSAC Report (workforce shortages): The addition of the requested wording shown in italics below to the final sentence - 'Mrs Barnett confirmed that the recruitment 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, <i>with an emphasis on workforce reform and operating within our resources</i>'. • Agenda item 041/24 ORAC Report (remaining Ockenden Report actions): Minor amendment requested to wording, indicated in italics below – '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 <i>the related</i> outstanding actions from the Ockenden Reports'. | |
| 063/24 | <p>Action Log</p> <p>The Board of Directors reviewed the action log and agreed the closure of Action Log No.32/23 (medical rostering system implementation), noting that this was to be addressed under agenda item 076/24 of this meeting.</p> <p>No further actions were listed for review.</p> | |
| 064/24 | <p>Matters arising from the previous minutes</p> <p>Agenda Item 039/24 FPAC Report (utilisation of shared resources): Ms Edwards provided an update to a statement she had made at the previous meeting, when she had advised that there was currently no primary care representation at meetings of the ICB Quality and Performance Committee, of which she was an attendee. She confirmed that a primary care representative had subsequently attended the committee meeting for the first time in March 2024.</p> <p>No further matters were raised which were not already covered on the action log or agenda.</p> | |
| REPORTS FROM THE CHAIR AND CHIEF EXECUTIVE | | |
| 065/24 | <p>Report from the Chair</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"> • The Trust had been working very closely with provider, system and regional colleagues over the last month to finalise the | |

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| | <p>organisation's 2024/25 operating plan. The plan had now been submitted and NHSE feedback was currently awaited.</p> <ul style="list-style-type: none"> • Work had also been continuing with the CQC on the comprehensive factual accuracy checking process following their inspection of the Trust last Autumn. The report would be published soon. • Finally, Dr McMahon spoke of her recent informative attendance at the Trust's Therapies Showcase, a partnership between the Improvement Hub and Therapies Team, to support teams in developing continual improvement projects. <p>The Board of Directors noted the report.</p> | |
| 066/24 | <p>Report from the Chief Executive</p> <p>The Chief Executive echoed the comments of the Chair on the extensive activity which had been taking place on 2024/25 planning.</p> <p>Mrs Barnett also wished to formally acknowledge, and express appreciation, to Mr Lee, the Digital Teams, and all colleagues and partners who had been involved in the recent Electronic Patient Record (EPR) 'go-live'. It was recognised that a phenomenal amount of work and planning had gone into achieving the successful implementation of such a major project for the organisation and the benefits it would deliver for the administration of our services to patients.</p> <p>Advising that she had no exceptional items to report, the Chief Executive clarified that 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 | | |
| 067/24 | <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: Prof Purt thanked the Executive Directors for their efforts in achieving a significant reduction in the number of outstanding internal audit actions. Mrs Flavell commented that the internal audit process now felt much more robust and embedded than previously, and Ms Troalen observed that colleagues had grown in maturity in their ownership of actions and interactions with internal audit. • Declarations of Interest: As reported previously, the Trust had achieved the 80% Counter Fraud Functional Standard Return (CFSR) compliance requirement by the end of March 2024, and it | |

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| | <p>was pleasing to note that the percentage had increased further since that time, standing at 84% compliance at the date of today's meeting. Prof Purt expressed his appreciation to Ms Milanec and her team for their extensive efforts to ensure the organisation had reached, and now exceeded, the required standard. It was noted that efforts were ongoing to ensure a further improvement in the compliance rate, with a particular focus on front-line staff, and lower grade doctors.</p> <p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p> | |
| 068/24 | <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"> • Follow-up for children who leave the Emergency Department (ED) without being seen: A revised process had recently been implemented, and achieved a 95% reported compliance rate. It was clarified that this information was reported to the ICB in addition to reporting via QSAC. • Increase in young people attending ED: With regard to reference in the report to a learning review which was taking place regarding the high number, and complexities, of young people seen in ED in the last quarter, Ms Nicholson referred the Executive to published quality criteria information on how hospital services and interactions could be made more meaningful for young people. • Cancer backlog reduction: a correction was noted to section 2b of the report, which should read that SaTH had received a letter from NHSE confirming it was the best performing most improved Trust nationally for cancer backlog reduction over the last year. • Workforce shortages: The Chair reminded colleagues that, in line with all other Trusts across the country, we have been asked to put rigour behind our workforce controls due to the current national financial challenges. Mrs Flavell clarified that, where there were references in today's Board reports to posts being on hold due to the current vacancy freeze, all critical posts had now been approved through the required review process. • Tier 2 Oliver McGowan training: referring to the challenge of insufficient spaces available to staff for this mandated training over the next nine month period, Mrs Flavell provided assurance that the Trust was working on this issue with the ICB, as providers of the training. The most relevant frontline staff were being prioritised for the proportion of slots allocated to the Trust over this period. | |

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| | <p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p> | |
| 069/24 | <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"> • EPR: Mr Dhaliwal reiterated Mrs Barnett’s earlier comments and congratulations to all colleagues involved in the recent successful EPR implementation. • ED pressures, hospital flow and escalation: following a request from Mr Dhaliwal, Mrs Barnett and Ms Biffen briefed the Board on the programme of system work set up with a view to improving urgent and emergency care, summarised as follows: <ul style="list-style-type: none"> ○ Programme governance: The System Urgent and Emergency Care (UEC) Board, which is chaired by Mrs Barnett, reports into the System Transformation Group, chaired by the ICB Chief Executive. The System Transformation Group comprises of all system CEOs, who receive reports on each of the key transformation workstreams from across the system, covering the specific pieces of work needed to drive improvement measures and reduce escalation in the Trust. <p>With regard to sighting the Board on the risks associated with the delivery of the whole programme, it was noted that information would be presented at the ICB Board, which in turn would be shared with the SaTH Board. A gap analysis would also be undertaken by the Executive to provide confidence in the tracking of both operational and financial trajectories.</p> <ul style="list-style-type: none"> ○ Scrutiny and support: The Trust was receiving ongoing support from the NHSE Getting It Right First Time (GIRFT) team, and was using external data sets, and check and challenge, to inform critical actions. GIRFT were also providing system-wide support to our partners. The Trust was also receiving national scrutiny and oversight through our Tier 1 support status with NHSE, which provided the highest level of accountability and additional central support. ○ Dependencies: The link with the overall operating plan and operational performance was specifically highlighted, with recognition of their intrinsic link to the financial plan. If successful, the Trust would be able to reduce escalation, but colleagues recognised that the operating plan which | |

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| | <p>had been submitted was reliant upon the system improvement work.</p> <ul style="list-style-type: none"> ○ Joint working with Shropshire Community Health Trust (SCHT): Initial actions had been identified through our ongoing joint working that would ultimately result in the community having a significant role in services that could be more effectively and efficiently provided out of hospital. Work on the 'Alternatives to ED' programme was still ongoing and outcomes would be reported at Board when finalised. <p>The Board of Directors noted the report, and took assurance from the ongoing monitoring activity by the Committee.</p> | |
| 070/24 | <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"> • Employee Relations: Due to the significant increase being seen in investigations, PODAC would be reviewing the findings of an external review undertaken which focused on the Trust's current processes for discrimination cases and recommendations, and how the Trust could make its investigations more robust. • Efficiency in training and unavailability management: In response to a query from Dr Jones on how the Committee seeks assurance that the requirements of regulated training programmes and unavailability management were being met, Mrs Boyode advised that discussion had been taking place at PODAC on how assurance could be strengthened. She provided assurance to Dr Jones that there was ongoing focus on this work, with involvement from the Education Group, and associated medical representation. • Reporting error: Mr Miner highlighted an error in section 2b of the report, stating that there had been an overall reduction in workforce of 6% across the year. Mrs Boyode clarified that this was in the context of the recruitment freeze, and changes to workforce under reform, and she would ask for that sentence to be extracted from the report. <p>The Board of Directors noted the report, and took assurance from the ongoing monitoring activity by the Committee.</p> | |
| 071/24 | <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> | |

Colleagues were referred to the detail within the report, which was taken as read, and the following key points were highlighted:

- After running for three years, since March 2021, the final meeting of the Committee was held on 30 April 2024, and was live streamed to the public. The Committee received presentations providing detailed progress updates on:
 - Implementing the actions from the Ockenden Reports, improvements that had been made as a result, and use of the Maternity Transformation Assurance Tool (MTAT), to ensure ongoing action delivery and compliance.
 - Confirmation from NHS Resolution that all 10 actions of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme have been externally verified and confirmed as being met.
 - Delivery of all elements of the Saving Babies Lives Care Bundle version three.
 - Changes that were being made as part of refreshing and updating the Maternity Transformation Programme (MTP) workstreams, whilst retaining the same fundamental principles. The Maternity Transformation Assurance Committee (MTAC) would continue to govern the MTP, and continue to report on Ockenden actions and overall maternity transformation matters to QSAC, and on to the Board of Directors, with the overarching assurance message that maternity would continue to have a key focus at QSAC.
 - QSAC would provide ongoing scrutiny and challenge to the MTP and assure delivery of the Ockenden Actions
- In response to a query from Mr Crowther regarding the remaining Ockenden Report time-limited mitigating actions, Mrs Barnett provided assurance that the Trust had reviewed and identified the funding that is needed to deliver the actions, given the economic circumstances across the country, and funding had been allocated in our financial plan to be able to progress many of the areas. Mrs Flavell added that the funding requirement had also been through a considerable amount of regional and national scrutiny. Ms Dunnett provided further assurance that there continued to be Maternity and Neonatal Safety Champion discussion and scrutiny on the ongoing impact.
- Discussion and reflections: To conclude the final meeting, a rich discussion took place, whereby committee members from the Executive, Board of Directors, the ICB, and NHSE regional and national colleagues shared their thoughts and feedback.

The Board of Directors noted the report, and took assurance from the extensive monitoring and challenge undertaken by the Committee over the last three years.

STRATEGIC, QUALITY AND PERFORMANCE MATTERS

072/24

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. The report included an overview of the performance indicators of the Trust to the end of February/March 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:

Patient Safety, Experience, and Clinical Effectiveness Summary

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

- **Infection Prevention and Control:** The rate of C.Difficile infections remained a challenge, and a deep dive had recently taken place, with the support and involvement of divisional, corporate and regional colleagues, with a view to progressing key improvement workstreams. Work was ongoing and actions would be tracked through the IPC Assurance Committee.

In response to a query from Mr Crowther, Mrs Flavell clarified that there were similar trends with E-coli. She provided assurance that a deep dive had been undertaken and mitigation work was ongoing, particularly with regard to device management.

- **Inclusion of VTE (risk of blood clot) assessments in ward metrics:** Dr Jones emphasised the importance of whole team responsibility for ensuring assessments are carried out, to ensure personalised care for our patients.
- **Mortality outcome data:** In response to a query from Mr Brown on the reported Summary Hospital-level Mortality Indicator (SHMI) data, Dr Jones provided the following clarification and reassurances:
 - SHMI, as with all national data sets, is limited in value at local level. It does not record deaths in ED, and the data received from NHS Digital does not provide timely information, eg the latest SHMI data reported was from September 2023.
 - Dr Jones provided assurance that the Trust has a very well organised approach to studying mortality, and expressed his confidence that we have an accurate picture on the themes. He was comfortable that the Trust was sighted on the up to date position through our own significant amount of work locally on the causes of mortality, as reported previously at Board.

- He further drew colleagues' attention to the mortality graph within the IPR appendices, and the narrative within the How we Learn from Deaths report to be presented later in the meeting, providing assurance that the crude mortality data demonstrates a better position on mortality than the previous Winter.
- Mixed sex breaches: Mrs Flavell reported that challenges as a result of seated areas within medical assessment areas were being worked through, to ensure we are effectively monitoring patient safety and dignity. In response to a query from the Chair on whether there was national guidance on separation of sexes in seated areas, Mrs Flavell took an operational action to confirm and report back through QSAC.
- Patient Harm – Falls: Mrs Boughey sought assurance for the Board, following a recent internal audit review which had identified inconsistent practice. Mrs Flavell acknowledged the findings, and provided assurance that the new infrastructure and leadership which was now embedded within the organisation provided the ongoing opportunity to review our practices and requirements to ensure consistency across all areas, and assurance would continue through QSAC.

Operational Summary

Questions and comments by exception were provided as follows:

- Faecal Immunochemical Testing (FIT): The Board was pleased to note that the Trust continues to support Shropshire Telford & Wrekin in the implementation of the 80% compliance requirement with FIT testing, which was exceeded in March 2024, with a score of circa 87.2% compliance for cancer referrals received with a FIT test.

Dr Jones reported that there was no reduction currently being seen in referrals as a result, clarifying that the purposes of FIT testing were firstly, to potentially avoid hospital referral and secondly, to prioritise patients due to the indication that those referred with a positive FIT result were more likely to have cancer. Whilst the National Institute for Health and Care Excellence (NICE) guidance did not describe the use of FIT testing for making a referral, Dr Jones confirmed that it should be possible to reduce referrals, but it was taking some time to embed.

- ED activity: Noting the upturn in ED activity seen in March, in line with the rest of the country, Ms Biffen advised that work was underway to review the number of 'walk ins' versus arrivals by ambulance, to determine if there were any factors which could assist with flow and patient experience.
- Operational Plan objectives: Mr Crowther queried whether the number of metrics showing as red due to the reporting format

could potentially be masking improvement achievements. Mrs Barnett noted this point and thanked Mr Crowther for this valuable feedback.

Workforce Summary

Questions and comments by exception were provided as follows:

- **Objectives:** Acknowledging Mr Crowther's comment above, and with regard to the workforce metrics with a red rating, Mrs Boyode emphasised to the Board that these were a reflection of the ask of NHSE nationally, and work was ongoing to reset those objectives to ensure they were more meaningful and realistic in a local context.
- **Unavailability:** Colleagues were advised that managers within Divisions were being supported by Workforce to review cases of sickness absence, with a view to achieving improvements where this was appropriate.

Finance Summary

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

- **Year End:** Despite a challenging financial year, the Month 12 reported position confirms, subject to audit, that the organisation has delivered a number of our financial targets, and the 2024/25 plan drives forward from the 2023/24 position.
- **Efficiency:** The full year target of £17.2m has been delivered against an internal plan of £19.7m. Whilst there was in-year slippage, recurrently the target has been met in full.
- **Agency expenditure:** The Board's attention was drawn to the significant downward trajectory achieved in our agency expenditure following the substantial focus and grip and control of our processes during 2023/24.
- **Capital Programme:** The Trust has fully delivered the 2023/24 operational capital programme of £18.4m.
- **Referring to people costs,** Mrs Barnett confirmed that there would be a large focus on resource in 2024/25, to ensure we have a workforce fit not just for today, but the future. Additionally, 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, within available resources.

The Board of Directors noted the Integrated Performance Report, and took assurance from the systems of control which were in place.

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| 073/24 | <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 March 2024.</p> <p>The report was taken as read, and there were no questions raised by exception.</p> | |
| 074/24 | <p>People Strategy 2024-2030</p> <p>The Board of Directors received the report from the Director of People & OD, presenting the final People Strategy for approval.</p> <p>The report was taken as read, and the following key points were covered:</p> <ul style="list-style-type: none"> • The People Strategy was reflective of the importance of workforce to the future success of the organisation, as recognised in previous conversations at Board. It also contained important themes around strengthening our relationships across the system, the importance of our education partners, and reflected the NHS national Long Term Plan, People Plan and Promise. • Further engagement would be around implementing, socialising and evolving the strategy, and in coming weeks there would be a presentation to the Senior Leadership Committee on how engagement could be strengthened. • Ms Troalen expressed her support for the strategy, but questioned the level of engagement we were able to achieve with our staff networks due to levels of network maturity. Mrs Boyode provided her assurance that the importance of our staff networks could not be underestimated, and acknowledged the need for further engagement and development support. • Confirmation was provided, in response to a query from Mr Brown, that supporting colleagues through workforce sharing agreements would be a priority for 2024 under the national Reform portfolio. Mrs Boyode additionally drew colleagues' attention to the flexibility achieved for colleagues to date through our major flagship programme, recognising that there was more work to do on reflecting changes in contracts. • Mr Miner queried what training had been undertaken with appraisers on talent conversations, mindful of the fact that not all colleagues had career aspirations, with many content in their current roles. Mrs Boyode provided assurance on the variety of training available, from dedicated training for appraisers and appraisees, to wider leadership and management programmes, and the recognition that talent conversations were reflective of our multi-generational workforce. | |

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| | <ul style="list-style-type: none"> • Mr Lee emphasised that the People Strategy was a key strategy within the wider Trust and System Strategies, and reinforced the importance of our ambitions as a major local employer. • It was agreed that a content error within the report, raised by Mrs Flavell, would be taken offline with Mrs Boyode. <p>The Board of Directors noted the report, and was pleased to approve the updated People Strategy.</p> | |
| 075/24 | <p>Public Participation Report</p> <p>The Board of Directors received the report from the Director of Strategy and Partnerships, which was taken as read, noting that the full report was included within the Board Information Pack.</p> <p>Mr Lee highlighted that the report described the significant range of activity taking place across Shropshire Telford and Wrekin, and he took the opportunity to refer in particular to the ‘Volunteer to Career’ programme, which was just about to start its third cohort, and had received excellent feedback from previous participants.</p> <p>In response to a query from the Chair, Mr Lee provided considerable assurance that the Trust was fulfilling our requirements with regard to consultation with our communities, not only relating to the Hospitals Transformation Programme (HTP), but through much wider consultation.</p> <p>The Board of Directors noted, with thanks, the extensive activity in Quarter 4 across the Public Participation Team.</p> | |
| 076/24 | <p>Medical Rostering Implementation Update</p> <p>The Board of Directors received the report from the Director of People & OD. The report was taken as read, and the following key points were covered:</p> <ul style="list-style-type: none"> • Colleagues were reminded that the report had been requested following concerns expressed by the Guardian of Safe Working in previous reports to the Board, on the protracted delays in introducing a consistent electronic medical rostering system, which was making it difficult to assure the safe working hours of our medical workforce. • Whilst the report explained the challenges, and detailed recommendations on how they should be addressed, Mrs Boyode emphasised that it would take a further 18-24 months to fully implement a consistent system across all specialties that was integrated with the organisation’s wider workforce systems. • The Chair confirmed, in response to a query from Mrs Boughey, that the report was for noting and the Board was not being asked | |

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| | <p>for approval, as this implementation came under an operational remit and was therefore not a Board decision.</p> <ul style="list-style-type: none"> • Dr Jones clarified that the key issue for the Guardian of Safe Working was that all Junior Doctors were on the same rostering system, which would allow her to provide safe working assurance to the Board. <p>The Board of Directors noted the report, with particular regard to the recommendations required to fully implement the medical rostering system.</p> | |
| 077/24 | <p>Veteran and Armed Forces Programme of Work</p> <p>The Chair reminded colleagues that they had recently taken part in a face to face session on this comprehensive programme in support of the veteran and armed forces network, and the paper was presented for the benefit of our external service users/observers.</p> <p>The Chair extended the thanks of the Board to all colleagues involved in this valuable piece of work.</p> | |
| REGULATORY AND STATUTORY REPORTING | | |
| 078/24 | <p>How we Learn from Deaths Report</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"> • It was noted that issues in communication with relatives appeared in the report as one of the top three problems in care identified in Structured Judgement Reviews (SJRs) completed in Q3 2023-24. Mrs Flavell emphasised the importance of the awareness and involvement of all staff, not just senior leaders, in communicating with bereaved families or carers who had raised concerns about quality of care. For example, she took matrons and ward managers to family meetings so they could develop a greater understanding and recognition of the importance of kindness and compassion in such circumstances. <p>From a wider perspective, the Chair invited consideration through QSAC of communication with patients, family members and carers, to determine if the Trust could provide better support in this regard.</p> <ul style="list-style-type: none"> • Dr Jones, referring to a query from Ms Edwards on how readmission and discharge issues would be considered in the NCTR process, advised that the risks of discharging patients earlier than we might have done were under review with the Learning from Deaths team. Mrs Barnett additionally advised of system review work underway in this area, in the context of the end of life pathway. | |

The Board of Directors noted the report.

ASSURANCE FRAMEWORK

079/24

Integrated Maternity Report

The Board of Directors received the report from the Director of Nursing, who was joined for this item by Mrs Lawrence, Director of Midwifery.

Colleagues were referred to the detail contained within the report, which was taken as read, and the following points were covered by exception:

- Mrs Flavell, with apologies, drew the Board's attention to the following two errors within the report:
 - Section 2.2.1 should read that 32 (not 35) Ockenden actions have yet to be delivered fully, and
 - Section 2.5.1 should read that of the 10 actions which currently remain 'de-scoped', two (not one) were 'Delivered Not Yet Evidenced'.

- The Board of Directors confirmed that it had reviewed the appendices associated with this report, which were contained within the supplementary information pack. In particular, it had reviewed the Perinatal Locally Agreed Dashboard contained as Appendix 5, and was satisfied that a comprehensive level of check and challenge was applied by the Board level safety champions.

Dr Jones additionally expressed his confidence that there was a strong focus on the local elements of service in the Locally Agreed Dashboard.

- Mrs Lawrence clarified the governance process under the CNST technical guidance for 2024/25, which states that information must be presented as an agenda item, either at Board or at QSAC. It was confirmed that this requirement was being met, as the QSAC minutes were included in the Private Board pack and the Key Issues Report from the QSAC Chair was presented at Board. Any escalation was therefore minuted in both QSAC and Board, as appropriate. The Chair asked Ms Edwards to ensure she was comfortable on an ongoing basis that the Board was not inappropriately delegating to QSAC.
- In response to a query from Mr Miner on the impact of the shortfall of consultant anaesthetists, Dr Jones confirmed that the out of hours mitigation, as had been previously discussed at Board, was still in place. It was recognised that although this mitigation remained, the recruitment and job planning requirements to ensure a permanent solution, could only be achieved in the longer term. Mrs Lawrence added that as part of CNST Safety Action 4 there was a requirement to evidence that both short term and long

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| | <p>term measures were included, ie to demonstrate that there was no risk to patient safety.</p> <p>The Chair reinforced the Board's responsibility to be aware of the documentation in the supplementary information pack; and the Board of Directors, following comprehensive review of the Integrated Maternity Report and all associated appendices, noted and took assurance from the report.</p> | |
| 080/24 | <p>Incident Overview Report</p> <p>The Board of Directors received the report from the Director of Nursing, which was taken as read.</p> <p>Mrs Flavell advised that Patient Safety Incident Response Framework (PSIRF) governance was becoming much more embedded and sustained across the organisation, whilst the closure of actions under the previous Serious Incidents (SIs) process was continuing, with themes incorporated into PSIRF where appropriate. The Board's attention was drawn in particular to the emerging themes detailed within the report, and the actions being taken.</p> <p>The Chair observed that the report as it currently stands was focused on process, and asked at what point was the organisation likely to transition completely to PSIRF. Mrs Flavell confirmed that this was currently being shaped, and a presentation was proposed at Public Board in July on the evolution and transition.</p> <p>Noting that more in-depth reporting and discussion on risk took place at QSAC, the Chair invited Ms Edwards to consider what the Committee would wish to be assured on following transition, in particular around how outcomes and risks were escalated, and thoughts on how information should be presented to the Committee.</p> <p>The Board of Directors noted and took assurance from the report.</p> | |
| 081/24 | <p>Annual NHS Staff Survey Results</p> <p>The Board of Directors received the report from the Director of People & OD, which was taken as read, noting that the results had already been reviewed in earlier Board sessions. Mrs Boyode additionally summarised the outcomes from a Board Development session which had taken place in April.</p> <p>Ms Troalen, following an invitation from the Chair to share her thoughts on protected characteristics, and what the organisation was at risk of missing, commented that there was undoubtedly more we could be doing. She referred in particular to the need to have a much stronger regard for what the data was telling us, and felt that we were in slight danger of being in a 'well meaning' space rather than a 'doing' space. She emphasised the importance of impactful communication, which encompassed individual experiences.</p> <p>Discussion also took place on the development of broad staff networks, with a real focus on encouraging the participation of</p> | |

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| | <p>colleagues with those characteristics aligned with the different networks and, importantly, ensuring they were provided with adequate time to participate. Mrs Boughey offered her support to Ms Troalen on networks, and offered to share a recently published article on the benefits of diversity and inclusion in the workplace.</p> <p>Mr Miner, referring to the Culture Group referenced in the report, asked if there were areas of good practice in the organisation that other areas could learn from. Mrs Boyode confirmed that all five Divisions have sight of their culture dashboards, and these vary by Division. She offered to walk through these with Mr Miner outside of the meeting.</p> <p>The Board of Directors was pleased to note the report, and progress made against the 2022/23 People Strategy milestones.</p> | |
| 082/24 | <p>Board Assurance Framework (BAF) Q4 2023/24</p> <p>The Board of Directors received the report from the Director of Governance. Colleagues were referred to the detail within the report, which was taken as read, and the following key points were covered:</p> <ul style="list-style-type: none"> Attendees at FPAC and QSAC meetings had noted that, whilst many of the actions appearing on the BAF had now been completed, the risk scores remained high, with little change. This would be considered over the next quarter whilst the annual review of risk descriptions and controls were reviewed, to ensure that the correct controls and mitigations had been identified for the risks. Colleagues were referred to the Board risk appetite/BAF seminar which took place in April, and it was confirmed that the finalised Risk Appetite Statement for 2024/25 would be brought for approval to a forthcoming meeting of the Board. <p>The Board of Directors, following consideration of the proposed quarter 4 risk scores and the other significant changes detailed in the report:</p> <ul style="list-style-type: none"> Noted the quarter 4 top scoring BAF risks, the reduction in the current total risk score of BAF risk 9, and the new action which had been added within BAF risk 11; and Approved the quarter 4 BAF, 2023/24. | |
| 083/24 | <p>Equality, Diversity and Inclusion Policy</p> <p>The Board of Directors received the above policy for approval following review and consultation.</p> <p>The amendments which had been made were noted, and the Board of Directors approved the updated policy.</p> | |
| 084/24 | <p>April Board Walks Summary Report</p> | |

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| | The Board of Directors received the report for information from the Director of Governance, which summarised the reflections of Board colleagues following their visits to wards at PRH. | |
| BOARD GOVERNANCE | | |
| 085/24 | <p>Fit and Proper Person Test (FPPT) Framework for Board Members</p> <p>The Board of Directors received the report from the Director of Governance, on behalf of the Chair, who retains overall accountability for adherence to the framework.</p> <p>It was confirmed that the required annual FPPT assessments had been completed on all current Board members, and the evidence reviewed confirmed that all serving members of the Board are fit and proper.</p> <p>The Board of Directors noted that the requirements for the annual 2024 FPPT assessment had therefore been fully satisfied, with the required confirmation provided to NHSE.</p> | |
| 086/24 | <p>Board Member Interests</p> <p>The Board of Directors received the report from the Director of Governance, providing the latest position on the declaration of Board member interests for review.</p> <p>The Board of Directors considered the Board member interests provided as Appendix 1 to the report, and noted that these would be placed on the Trust's website alongside the full register of interests.</p> <p>The Chair reminded colleagues of the ongoing requirement to ensure that all interests were declared in a timely manner on the ESR system.</p> | |
| PROCEDURAL ITEMS | | |
| 087/24 | <p>Any Other Business</p> <p>There were no further items of business.</p> | |
| 088/24 | <p>Date and Time of Next Meeting</p> <p>The next meeting of the Board of Directors in public was scheduled for Thursday 11 July 2024 from 0930hrs–1330hrs.</p> | |
| STAKEHOLDER ENGAGEMENT | | |
| 089/24 | <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. | | |