

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

Thursday 11 July 2024

Held in Shrewsbury Education & Conference Centre

MINUTES

Name	Title
<b>MEMBERS</b>	
Prof T Purt	Acting Chair
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 ( <i>via MS Teams</i> )
Mrs H Flavell	Director of Nursing
Dr J Jones	Medical Director
Mr R Miner	Non-Executive Director
Ms I Robotham	Assistant Chief Executive ( <i>representing the Chief Executive</i> )
Ms H Troalen	Director of Finance
<b>IN ATTENDANCE</b>	
Ms S Dunnett	Associate Non-Executive Director
Mr N Lee	Director of Strategy & Partnerships
Ms W Nicholson	Associate Non-Executive Director
Ms B Barnes	Board Secretariat (Minute Taker)
<b>GUEST ATTENDANCE</b>	
Mr S Balderstone	Deputy Director of People & OD ( <i>Agenda item 105/24</i> )
Dr B Barrowclough	Guardian of Safe Working ( <i>Agenda item 105/24</i> )
Ms H Turner	Freedom to Speak Up Lead Guardian ( <i>Agenda item 109/24</i> )
Mr J McCloud and Mr P Jeffries	Trust Leads for Patient Safety Incident Response Framework ( <i>Agenda item 110/24</i> )
Mrs K Williams and Ms L Taylor	Interim Director of Midwifery ( <i>Agenda item 111/24</i> ) Deputy Director of Midwifery " "
<b>APOLOGIES</b>	
Mrs L Barnett	Chief Executive
Mrs R Boyode	Director of People & Organisational Development
Mr S Crowther	Associate Non-Executive Director
Ms A Milanec	Director of Governance

No.	ITEM	ACTION
<b>PROCEDURAL ITEMS</b>		
090/24	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair welcomed all those present, including observing colleagues and members of the public.</p> <p>Apologies were noted.</p> <p>Prof Purt began the meeting by referring to the concerning issues highlighted within the Trust's Emergency Department in a recent Dispatches programme, advising that there would be further reference to this in the subsequent Chair and Chief Executive Reports, and the Integrated Performance Report.</p> <p>Colleagues noted that oversight and assurance on delivery of the Trust action plans which had been developed following the programme were part of the Quality &amp; Safety Assurance Committee (QSAC) agenda, however an action would also be included on the Board action log to report on progress to the next Board meeting in public.</p>	
091/24	<p><b>Patient Story</b></p> <p>The Director of Nursing introduced a video featuring colleagues and patients sharing their positive experiences following the introduction of improved specialist stroke therapy groups.</p> <p>The Board was pleased to note the creative approach introduced by the therapy teams to increase direct contact time, provide a fun rehabilitation environment, engage patients in activities, and provide opportunities for patients to socialise, supporting their wellbeing.</p> <p>The Chair asked Mrs Flavell to relay the congratulations of the Board to therapy colleagues for the introduction of such successful initiatives.</p>	
092/24	<p><b>Quorum</b></p> <p>The Chair declared the meeting quorate.</p>	
093/24	<p><b>Declarations of Conflicts of Interest</b></p> <p>Mr Lee declared that he had recently been successful in appointment to the role of Chief Strategy Officer for the ICB, which he would be undertaking alongside his existing role at SaTH. Board colleagues expressed their congratulations to Mr Lee on his appointment.</p> <p>No further conflicts of interest were declared that were not already included on the Register of Directors' interests.</p> <p>The Chair reminded colleagues of the need to highlight any further interests which may arise during the meeting, and to ensure that any new declarations were input to the ESR system in a timely manner.</p>	

094/24	<p><b>Minutes of the previous meeting</b></p> <p>The minutes of the meeting held on 9 May 2024 were approved by the Board of Directors as an accurate record, subject to the following minor change requested by Mrs Flavell to the wording referring to Oliver McGowan training in the QSAC Report – ‘The most <del>relevant</del> <i>appropriate</i> frontline staff were being prioritised for the proportion of slots allocated to the Trust over this period’.</p>	
095/24	<p><b>Action Log</b></p> <p>The Board of Directors noted that there were no outstanding actions from previous meetings.</p>	
096/24	<p><b>Matters arising from the previous minutes</b></p> <p>No matters were raised which were not already covered on the agenda.</p>	
<b>REPORTS FROM THE CHAIR AND CHIEF EXECUTIVE</b>		
097/24	<p><b>Report from the Acting Chair</b></p> <p>The focus of Prof Purt’s report was reflecting on the recent Dispatches programme, fully recognising that colleagues and members of the public will be extremely concerned by the content. He provided assurance that improvement action plans were in place, and were being progressed as a priority.</p> <p>The Board was referred to the subsequent Chief Executive Report, in which executive colleagues provided further detail on this.</p>	
098/24	<p><b>Report from the Chief Executive (provided by the Acting Chief Executive)</b></p> <p>Ms Robotham echoed the comments of the Chair and wished to apologise to everyone affected in our communities who continue to experience long waits. She assured the public that the Trust’s Executive Team regard the issues identified in the Dispatches programme very seriously and advised that, in addition to the action plans referred to in Prof Purt’s report, immediate response actions had been taken wherever possible.</p> <p>Recognising the need to address the performance issues through a ‘whole system’ approach, and the incorporation of all actions into the ongoing Urgent and Emergency Care (UEC) Transformation Programme, Ms Robotham added that NHSE would be undertaking an ‘Insight’ visit to the Trust the following day to review all improvement actions. Additional resource support has also been allocated to the Trust by NHSE, under their national Tier 1 support programme.</p> <p>Ms Robotham referred to her executive colleagues for their further comments:</p> <ul style="list-style-type: none"> <li>• Dr Jones reiterated Ms Robotham’s apology to everyone in our communities who continue to experience issues with the quality</li> </ul>	

of service they receive from the Trust. He emphasised that, whilst overcrowding in Emergency Departments was a recognised national issue, occurring across the country, it was our Emergency Department which had featured primarily in the programme, and the Trust fully recognises and accept our responsibilities to address the issues which had been highlighted. Dr Jones expressed his genuine belief that our colleagues were horrified by some of the things they had seen in the programme, and fully recognise these as poor care. He hopes, however, that members of the public will have seen how hard our staff were working in a very difficult environment, and emphasised the importance of the Trust recognising this when tackling things that have gone wrong.

- Dr Jones also recognised the need to consider initiatives and solutions which do not inadvertently create a more difficult experience for other patients. The consequences of initiatives on others has been included in action planning, and the aim will be to identify through the Integrated Performance Report (IPR) what the statistics mean in reality.
- Mrs Flavell referred to the recent CQC inspection of the Trust, and noted that the issues highlighted in the programme were those which had been identified by the CQC. With regard to governance around the action planning, she advised that all actions have been cross-referenced into the UEC Transformation Programme and CQC Action Plan. These feed into QSAC from an assurance perspective, and the Trust continues to work closely with CQC colleagues to provide assurance on progress.
- In response to a request from Ms Dunnett on how the voices of both patients, and staff working in those circumstances, would be heard, Mrs Flavell provided the following assurances:
  - There has been in-reach into ED from the Chaplaincy and PALS teams, which has been well received;
  - There are open communication routes across the organisation, including Freedom to Speak Up (FTSU) and executive colleagues;
  - Psychological support is also being offered to teams;
  - Professional Nurse Advocates have been introduced into ED; and
  - There has been an executive commitment to consider the experiences and implications for colleagues when on the receiving end of communications across the organisation through, for example, drop-in sessions.
- Finally, Mrs Boughey, as Chair of the People & OD Committee (PODAC), provided assurance that the support and wellbeing of our workforce would have a strong line of sight at PODAC. She

	<p>also confirmed that, following the programme, she had reached out to FTSU, as the NED Lead, to offer any support required.</p> <p>The Board of Directors noted the report, acknowledging the seriousness with which the Executive Team was taking the issues covered in the Dispatches programme, and the Trust responsibility and action planning to address these.</p>	
<b>REPORTS FROM ASSURANCE COMMITTEE CHAIRS</b>		
099/24	<p><b>Audit &amp; Risk Assurance Committee (ARAC) Report</b></p> <p>The Board of Directors received the report from Mrs Boughey, as a member of the Committee.</p> <p>Colleagues were referred to the detail in the report, which was taken as read, and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>Alert section of the report: The Committee had been concerned to receive an internal audit report on Quality Spot Checks with an opinion of Limited Assurance.</li> </ul> <p>It had been agreed that going forward, where any internal audit reviews result in a Limited or No Assurance audit opinion, the relevant Executive Director would be expected to attend ARAC to respond to questions from the Committee.</p> <ul style="list-style-type: none"> <li>Procurement Waivers: Ms Troalen referred to the governance process around procurement waivers, confirming that the activity (rather than the governance itself) was being strengthened, through a newly introduced monthly approval meeting, with no waivers approved outside of that arrangement. When the Trust Standing Financial Instructions (SFIs) were reviewed later in the year, these will include new approval limits for full breach waivers.</li> </ul> <p>Mr Lee provided the Board with assurance that he countersigns all waivers relating to digital work, with the waivers being required due to the ongoing challenge of securing staff with the right skill sets.</p> <p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p>	
100/24	<p><b>Quality &amp; Safety Assurance Committee (QSAC) Report</b></p> <p>The Board of Directors received the report from the Committee Chair, Ms Edwards.</p> <p>Colleagues were referred to the detail in the report, which was taken as read, and the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>Alert section of the report: The Committee had discussed the implications of the recent Dispatches programme, noting that from previous regular reports to the Committee and the recent</li> </ul>	

	<p>CQC report, QSAC had been aware of overcrowding in the ED, the prolonged delays and use of corridors for care, the resulting increased risk of harm, and the increased mortality associated with long delays in ED, and the actions being undertaken to improve them and mitigate harm. The Committee was advised that all issues raised in the programme were being examined and would be incorporated into the actions plans for improving Urgent and Emergency Care, which would be subject to scrutiny and assurance by QSAC going forward, and also to external scrutiny through the Emergency Care Transformation Assurance Committee.</p> <ul style="list-style-type: none"> <li>• Harm reviews from long waits in ED: Mr Miner sought clarity on the fact that recent reporting on harm reviews for those waiting over 12 hours in ED had revealed little harm, although the experience will have been poor, and research shows that harm and excess mortality is caused by long waits in ED. Dr Jones clarified that harm reviews for individual cases were not picked up in this particular reporting, as individual harm was difficult to identify unless, for example, there was a very obvious significant issue, ie critical treatment not given. He confirmed that it was, however, clear from research evidence, that once admission was delayed for more than 6-8 hours, mortality started to increase, particularly in people who were frail and susceptible to a number of minor issues. Dr Jones confirmed that reviews of harm in ED (which included 'Fit to Sit' areas) considered whether patients were likely to have survived if they had been subject to a four hour wait.</li> <li>• Neonatal Review by the Royal College of Physicians: The Committee was advised that the draft review report was due to be received shortly, and would require factual accuracy checking before the full report could be produced and received. At that point it would be included on the QSAC agenda for scrutiny and assurance around action planning, including issues concerning wider system and regional support for neonatal care.</li> </ul> <p>The Board of Directors noted the report and took assurance from the ongoing monitoring activity by the Committee.</p>	
101/24	<p><b>Finance &amp; Performance Assurance Committee (FPAC) Report</b></p> <p>The Board of Directors received the report from the Committee Chair, Mr 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"> <li>• UEC performance: The Committee was concerned to note that UEC performance against the national target continued to remain behind planned trajectory, with the recognition that improved performance was absolutely critical.</li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>Electronic Patient Record (EPR):</b> The Committee was advised that the Trust continued to experience data and operational challenges following the implementation of EPR. National data submissions were being maintained although some have data quality issues, and this could potentially affect the ability of the Trust to fully claim income. Ms Troalen advised that this was an ongoing piece of work for Finance, who were working daily on being able to compile a full data set from the system to be able to compile our commissioning data set. Whilst acknowledging that this was not an acceptable situation, she provided assurance that this was a very common issue following a system switchover.</li> </ul> <p>Mr Lee added that NHSE and digital experts were currently working to resolve the situation, and clarified that some finance areas were not directly related to the system change. In response to a query from Prof Purt on whether income opportunities could be claimed retrospectively, Ms Troalen advised that discussions were required with commissioners to ensure the Trust was not penalised financially due to technical issues following the EPR implementation. As it was sufficiently early in the year she would, however, expect to be able to reclaim. <b>Action: Update at next Board meeting on outcome of discussions with commissioners.</b></p> <p>The Board of Directors noted the report, and took assurance from the ongoing monitoring activity by the Committee.</p>	DoF
102/24	<p><b>People &amp; OD Assurance Committee (PODAC) Report</b></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"> <li>• <b>Cycle of meetings:</b> The Committee felt that it would be beneficial for PODAC to meet more frequently than every other month, and this was currently being reviewed.</li> <li>• <b>Terms of Reference:</b> Mrs Flavell requested that the PODAC Terms of Reference be reviewed, as both she and Dr Jones were concerned that there was currently no clinical representation on the Committee. Mrs Boughey provided assurance that the membership would be revisited, however the Chair advised of his intention to imminently revisit the membership and executive attendees of all Committees and, at the same time, carry out a comprehensive review of the items which should most appropriately be received at each Committee. He would be advising the Board further on this in August, and asked that no changes to Committees be considered or discussed in the meantime.</li> </ul> <p>The Board of Directors noted the report, and took assurance from the ongoing monitoring activity by the Committee.</p>	

**STRATEGIC, QUALITY AND PERFORMANCE MATTERS**

103/24

**Integrated Performance Report (IPR)**

The Board of Directors received the report from the Assistant 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 April/May 2024, summarising planned recovery actions, correlated impact, and timescales for improvement.

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

**Patient Safety, Patient Experience, and Clinical Effectiveness Summary**

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

- Embedding of the Patient Safety Incident Response Framework (PSIRF) continues to be a priority, with the impact seen through Infection Prevention and Control (IPC), Tissue Viability and Falls work.
- Focused work continues Trust-wide on IPC related workstreams and pressure ulcers. Whilst a deep dive has been undertaken on the increased cases of pressure ulcers, no firm correlation has been identified, although frail patients who are staying in hospital longer was considered likely to be a contributing factor. As reported previously, a different way of assessing patients is being introduced from September 2024, and Mrs Flavell will provide updates in future reporting to Board / via QSAC as appropriate.

**Operational Summary**

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

- The 7.8% below plan performance against the 4-hour trajectory for May was disappointing and further work is taking place on performance improvements.
- The expansion of the Children and Young People ED area in May resulted in a 9.8% improvement in paediatric 4-hour performance in-month, post change.
- The 303 increase in the 62-day cancer backlog at the end of May was due to the delay in securing additional insourcing capacity from April, and workforce capacity in specialty clinics. The insourcing activity has now been mobilised for elective and cancer recovery.
- Frailty assessment units are now open on both sites, meaning those patients are not waiting in ED. Going forward, the intention is that the units will be opened up to direct access for the ambulance service 12 hours a day, 7 days a week (following a call to the unit from the care coordination centre prior to



conveyance), in addition to telephone lines for direct GP referrals. This work is being led by Shropshire Community Health Trust (SCHT), as part of the 'Alternatives to ED' workstream.

- Mr Lee confirmed that this is one of a range of projects, as part of wider system work, within the overall improvement programme. He clarified that the next phase would be looking at long term condition management, and the Trust would be working with system colleagues, providing clinical input.
- Following the recent opening of the Elective Hub, over 300 patients have been treated through the Hub to date.

### **Workforce Summary**

Questions and comments by exception were provided by Ms Robotham in the absence of Mrs Boyode, as follows:

- A significant amount of planning, as always, had gone into the recent industrial action by Junior Drs. It was recognised that many colleagues had gone 'above and beyond' during the period of action, and this was acknowledged, with sincere thanks, by the Board.
- Following a query from Mr Brown on the accuracy of the turnover figure within the report and the departure of technical staff, Ms Robotham responded that Mrs Boyode's joint position with SCHT now provided an opportunity to look at the introduction of joint rotational roles, which should improve this situation. The Chair asked that Mrs Boughey raise this point at PODAC.

### **Finance Summary**

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

- Colleagues were pleased to note that the 2023-24 accounts which were submitted at the end of June 2024 demonstrated that there were no significant weaknesses in Value for Money (VFM), and the Trust had received an Unqualified Audit Opinion.
- The Trust was in line with plan at the end of May (month two), with a recorded deficit of £12.9m against a planned deficit of £13.0m.
- Finally, Ms Troalen was pleased to advise the Board that the Trust had heard in the last few weeks that our Finance Team staff survey results were the seventh most improved in the entire country.

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

104/24	<p><b>Getting to Good (G2G) Progress Report</b></p> <p>The Board of Directors received the report from the Assistant Chief Executive, setting out progress against the organisation's areas of transformation as at the end of May 2024.</p> <p>The report was taken as read, and there were no questions raised by exception.</p>	
<b>REGULATORY AND STATUTORY REPORTING</b>		
105/24	<p><b>Report from the Guardian of Safe Working (GoSW)</b></p> <p>Dr Barrowclough, the Trust's Guardian of Safe Working, and Mr Balderstone, Deputy Director of People &amp; OD, joined the meeting for this item, which covered the period January to March 2024.</p> <p>The report was taken as read, and the following key points were covered:</p> <ul style="list-style-type: none"> <li>• The GoSW had noted recurrent breaches of safe working identified by the Workforce Directorate, following a retrospective review of shifts in those departments with live rostering. Colleagues were reminded that this had previously been reported to the Board, with the recommendation for an internal review of existing processes to prevent reoccurrence. Assurance was provided to the Board that the GoSW would continue to work with Medical People Services (MPS) and the Director of Medical Education to address concerns as they arise.</li> <li>• With regard to the GoSW recommendation that a central eRostering system is in place for visibility of live rotas, Mr Balderstone provided assurance, as previously reported to Board, that the introduction of one overall system remained a focus for introduction across all specialties, and work was ongoing to address the current issues and constraints to implementation.</li> <li>• Mr Balderstone confirmed, in response to a query from Ms Edwards, that it will be possible for the new system, when introduced, to detect those staff working additional shifts out of choice, which take them above the maximum number of safe working hours.</li> </ul> <p>The Board of Directors noted the report, and thanked Dr Barrowclough and Mr Balderstone for their attendance.</p>	
106/24	<p><b>Report from the Director of Infection Prevention &amp; Control (IPC) Q4 2023/24</b></p> <p>The Board of Directors received the report from the Director of Nursing. The report was taken as read, and the following key points were highlighted:</p>	

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• More COVID-19 cases were being seen in the Trust, and there have been delays in isolating people as they were not symptomatic on admittance. The latest cases are of a different strain, and we are expecting to see more of the new strain over coming months.</li> <li>• Finally, Mrs Flavell drew colleagues' attention to the 2023/24 Annual Report, contained within the Information Pack.</li> </ul> <p>The Board of Directors noted the report, and the mitigations in place to further strengthen the organisation's commitment to Infection Prevention and Control.</p>	
107/24	<p><b>Bi-Annual Nurse Staffing Review</b></p> <p>The Board of Directors received the report from the Director of Nursing, providing the outcome of the February 2024 nurse staffing review.</p> <p>Colleagues were referred to the extensive detail within the report, to provide assurance in relation to:</p> <ul style="list-style-type: none"> <li>• The approach undertaken for the Safer Nursing Care Tool (SNCT) establishment review;</li> <li>• Fill rates, which overall remain consistently above 90%;</li> <li>• Registered Nurse to Patient ratios, which are well below the recommended minimum of 1:8;</li> <li>• The Care Hours per Patient Day (CHPPD) reported via Model Hospital for the Trust, which are in Quartile 3.</li> </ul> <p>Mrs Flavell clarified, in response to a query from Mr Miner 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.</p> <p>The Board of Directors noted and took assurance from the positive nursing safe staffing position reflected in the report.</p>	
108/24	<p><b>How we Learn from Deaths Report</b></p> <p>The Board of Directors received the report from the Medical Director, which was taken as read. Comments and questions were invited by exception, summarised as follows:</p> <ul style="list-style-type: none"> <li>• Dr Jones advised, in response to a comment from Mr Brown on Structured Judgement Reviews (SJRs), that he was optimistic about recruitment proposals and the resulting increase of clinical</li> </ul>	

	<p>input into the teams, to ensure ongoing compliance with SJR completion targets.</p> <ul style="list-style-type: none"> <li>• In response to a query from Mr Dhaliwal on whether there were any thematic concerns at a local level, Dr Jones clarified that the area of most focus was the mortality spike in ED, but there had been no concerns which indicated anything untoward.</li> <li>• Finally, Dr Jones highlighted more widely that neonatal mortality continues to be higher in our region, and the Trust would like to have more involvement in the underlying factors outside of hospital.</li> </ul> <p>The Board of Directors noted the report, the issues highlighted, and the progress made in Learning from Deaths and the Medical Examiner &amp; Bereavement Service during Quarter 4 and throughout 2023/24.</p>	
109/24	<p><b>Freedom to Speak Up (FTSU) Annual Report 2023/24 (incorporating Q4)</b></p> <p>Ms Turner, FTSU Lead Guardian, joined the meeting to present the FTSU Annual Report for 2023/24.</p> <p>The report was taken as read, and the following key points were covered:</p> <ul style="list-style-type: none"> <li>• In response to a query from Ms Troalen seeking clarification that colleagues were continuing to engage with FTSU, and speaking up through different routes, Ms Turner compared the contact figures from three years ago with the latest improved statistics, evidencing her confidence that there was a growing speaking up culture in the organisation.</li> <li>• Colleagues were advised that a piece of work was planned to increase the number of FTSU ambassadors, who would be provided with structured training.</li> <li>• A case which was still open from two years ago was highlighted, and Ms Robotham asked if any executive assistance could be provided to help close the case. Ms Troalen clarified that cases are kept open until they are fully resolved, as in this instance, and that a huge amount of work had been carried out overall in closing down actions. Prof Purt commented that it would be helpful to understand outside of this meeting, possibly through ARAC, why some cases were taking so long to resolve. <b>Action: HT to discuss with AM, and Board to be advised that this was being addressed.</b></li> </ul> <p>The Board of Directors noted the report, and thanked Ms Turner for her attendance.</p>	<p><b>DofG / FTSU Lead Guardian</b></p>

<b>ASSURANCE FRAMEWORK</b>	
110/24	<p><b>Patient Safety Incident Response Framework (PSIRF) Presentation</b></p> <p>Mr McCloud and Mr Jeffries, Trust Leads for PSIRF, joined the meeting to present on the progress made in embedding PSIRF across the organisation. The presentation covered improvements made, challenges faced, and next steps/opportunities for further improvement.</p> <p>Responses to questions from the Board following the presentation are summarised as follows:</p> <ul style="list-style-type: none"> <li>• Progress status: The transition to PSIRF has been relatively smooth. Progress is where it was perceived the organisation would be at this point, which is recognised as realistic given such a fundamental change. The trends being seen have not come as any particular surprise.</li> <li>• Learning responses: A key area of challenge is to ensure that learning responses are carried out in a timely manner, ie there is no point in having agile response as part of the process if we are not actually able to be agile due to operational pressures on colleagues.</li> <li>• External reporting requirements: There is a national issue, whereby some ICBs are struggling to understand their oversight role. Information is uploaded to a national database and whilst, not yet properly rolled out, this should help us moving forward.</li> <li>• Rationale for non-inclusion of individual controls: A big focus nowadays, under the Just Culture framework, is on looking at the clinical context at the time. It is very rare to identify learning as an individual response, and if there is no overarching system/process change, sustained change will not be achieved.</li> <li>• Availability of information and themes from other organisations: Information is not being received via the national database as yet, and this was felt to more appropriately be a national question.</li> <li>• Safety Triangulation Group: Whilst not yet live, it is planned to have patient representation on the group once launched.</li> </ul> <p>The Board of Directors noted the presentation content and the subsequent responses to Board questions, and thanked Mr McCloud and Mr Jeffries for their attendance.</p>
111/24	<p><b>Integrated Maternity Report</b></p> <p>The Board of Directors received the report from the Director of Nursing, who was joined for this item by Mrs Williams and Ms Taylor, Interim and Deputy Directors of Midwifery respectively.</p> <p>Colleagues were referred to the detail contained within the report, which was taken as read, and the following key points were covered:</p>

	<ul style="list-style-type: none"> <li>• Ockenden Report action progress: The original delivery plan, to have implemented all Ockenden actions by the end of March 2024, is no longer ahead of trajectory. Funding has, however, now been identified for the 11 actions which were deemed ‘at risk’ and they are being reviewed to provide realistic delivery dates for each. Overall completion compliance currently stands at 85%, and it is planned that all Ockenden actions will be delivered by this point in 2025. Nine actions remain descoped, and are reviewed quarterly to determine if there have been any changes that would allow any of the actions to be brought back into scope.</li> <li>• NHS Resolution’s Maternity (and perinatal) Incentive Scheme (Clinical Negligence Scheme for Trusts): The Trust has received formal notification from NHSR that our submission against Year 5 of the scheme has been externally verified, and we would shortly receive reimbursement of funds for that year. Progress against the new safety actions that make up Year 6 of the scheme is reviewed and assured through the Maternity Transformation Assurance Committee (MTAC) and QSAC, and no areas of risk have currently been identified.</li> <li>• Maternity and Neonatal Quality Data: The Board reviewed the Safety Intelligence Locally Agreed Dashboard (contained as Appendix 9 in the Supplementary Information Pack), and confirmed it was satisfied that a comprehensive level of ‘check and challenge’ is being undertaken by the Board level safety champions.</li> <li>• Care Quality Commission (CQC) Inspection Report 2023: The Board was pleased to note that maternity services had received ratings of ‘Good’ across all five domains and a ‘Good’ overall rating for the service.</li> <li>• Maternity Transformation Programme (MTP): The programme is now moving into Phase 2, and will incorporate neonatal services improvement going forward, becoming the Maternity &amp; Neonatal Transformation Programme (MNTP).</li> </ul> <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>	
112/24	<p><b>Incident Overview Report</b></p> <p>The Board of Directors received the report from the Director of Nursing. Colleagues were referred to the detail within the report, which was taken as read, and comments and questions were invited by exception, as follows:</p> <ul style="list-style-type: none"> <li>• Harm reviews in ED: Ms Robotham referred to the current relatively small sample taken of the 40 longest waits. She questioned whether this was the most representative cohort and</li> </ul>	

	<p>whether there may be a more effective review that could take place, possibly focusing on care escalations. Mrs Flavell responded that this was worth exploring and she would discuss with ICB colleagues the following day.</p> <p>The Board of Directors noted and took assurance from the report.</p>	
113/24	<p><b>Formal review of Winter Plan 2023/24</b></p> <p>The Board of Directors received the report from the Acting Chief Operating Officer.</p> <p>Colleagues were referred to the detail within the report, which was taken as read, and the Board's attention was drawn in particular to the improvements made in length of stay and number of patients with No Criteria to Reside in acute beds.</p> <p>It was recognised that, whilst the interventions undertaken throughout the Winter period reduced the bed gap, long waits continued to be seen in ED, and an Urgent &amp; Emergency Care (UEC) improvement programme has been developed.</p> <p>The Board of Directors noted the report, and was advised that a System and SaTH Winter Plan for 2024/25 was being prepared, which would come to Board for review in late Autumn.</p>	
114/24	<p><b>June Board Walks Summary Report</b></p> <p>The Board of Directors received the report for information, which summarised the reflections of Board colleagues following their visits to Diagnostics and Renal at Hollinswood House, and the Surgical Assessment Unit at RSH.</p> <p>Assurance was provided that actions identified within the report were being progressed by relevant Executive Directors.</p>	
<b>PROCEDURAL ITEMS</b>		
115/24	<p><b>Any Other Business</b></p> <p>There were no further items of business.</p>	
116/24	<p><b>Date and Time of Next Meeting</b></p> <p>The next meeting of the Board of Directors in public was scheduled for Thursday 12 September 2024 from 0930hrs–1330hrs.</p>	
<b>STAKEHOLDER ENGAGEMENT</b>		
117/24	<p><b>Questions from the public</b></p> <p>The Chair invited questions from observing members of the public on any items covered in today's meeting, which could be submitted via the Trust's website.</p>	
<b>The meeting was declared closed.</b>		