

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

Thursday 14 November 2024  
Held in Shrewsbury Education & Conference Centre

MINUTES

Name	Title
<b>MEMBERS</b>	
Mr A Morgan	Chair in Common
Mrs T Boughey	Non-Executive Director
Mr R Dhaliwal	Non-Executive Director
Ms S Dunnett	Non-Executive Director
Ms R Edwards	Non-Executive Director
Mrs H Flavell	Director of Nursing
Mr N Hobbs	Chief Operating Officer
Dr J Jones	Medical Director
Mr R Miner	Non-Executive Director
Ms H Troalen	Director of Finance
Ms J Williams	Interim Chief Executive
<b>IN ATTENDANCE</b>	
Mrs R Boyode	Chief People Officer
Mr S Crowther	Associate Non-Executive Director
Mr N Lee	Director of Strategy & Partnerships
Ms A Milanec	Director of Governance
Ms W Nicholson	Associate Non-Executive Director
Ms I Robotham	Assistant Chief Executive
Ms B Barnes	Board Secretariat (Minute Taker)
<b>GUEST ATTENDANCE</b>	
Ms H Turner	Freedom to Speak Up Lead Guardian ( <i>Agenda Item 163/24</i> )
Dr B Barrowclough	Guardian of Safe Working Hours ( <i>Agenda Item 164/24</i> )
Mrs K Williams	Interim Director of Midwifery ( <i>Agenda Item 165/24</i> )
<b>APOLOGIES</b>	
Prof T Purt	Non-Executive Director / Vice Chair

No.	ITEM	ACTION
<b>PROCEDURAL ITEMS</b>		
146/24	<p><b>Welcome, Introductions and Apologies</b></p> <p>The Chair in Common welcomed all those present, including observing colleagues and members of the public.</p> <p>Mr Morgan extended a particular welcome to Mr Ned Hobbs, who had recently joined the Trust as Chief Operating Officer.</p> <p>Apologies were noted.</p>	
147/24	<p><b>Quorum</b></p> <p>The meeting was declared quorate.</p>	
148/24	<p><b>Declarations of Conflicts of Interest</b></p> <p>Mr Hobbs confirmed, as the Trust's recently appointed Chief Operating Officer, that he had declared his interests prior to today's meeting.</p> <p>No further conflicts of interest were declared that were not already included on the Register of Directors' Interests.</p> <p>The Board of Directors was reminded of the need to highlight any further interests which may arise during the meeting.</p>	
149/24	<p><b>Minutes of the previous meeting</b></p> <p>The minutes of the meeting held on 12 September 2024 were approved by the Board of Directors as an accurate record, subject to the following amendment:</p> <p>Agenda Item 131/24 Integrated Performance Report, Finance Summary: Correction to second bullet – industrial action ‘... Ms Troalen clarified that the assumption of <del>£17m</del> <b>£1.7m</b> of lost income was not likely to be recognised...’</p>	
150/24	<p><b>Action Log</b></p> <p>The Board of Directors reviewed the action log, and agreed the following:</p> <ul style="list-style-type: none"> <li>• Action Log No. 2, Technical issues following EPR implementation: It was noted that the previously requested report had been brought to the Board meeting of 10 October 2024, and the Director of Strategy &amp; Partnerships would provide regular updates to Board going forward. The closure of this action was therefore agreed.</li> <li>• Action Log No. 4, Dispatches Programme: A quarterly report to be brought to Public Board for the next two quarters, with the reports co-authored by clinicians, to provide confidence of ownership by the teams delivering the service (<i>in addition to ongoing monitoring taking place through QSAC</i>). Action to remain open, as the first of the two reports is not due until</li> </ul>	

	<p>January 2025.</p> <ul style="list-style-type: none"> <li>Action Log No. 5, FTSU issues: Noted as an agenda item at this meeting, and closure of the action agreed.</li> <li>Action Log No. 6, Review of BAF Risk 7b: Discussion had taken place at the October Performance Assurance Committee (PAC) meeting, to determine if the current risk score was at the right level. An increase to the score from 16 to 20 was recommended, as detailed in the PAC Chair's Report to today's meeting. Closure of this action was agreed.</li> </ul> <p>There were no further actions listed for review.</p>	
151/24	<p><b>Matters arising from the previous minutes</b></p> <p>No matters were raised which were not already covered on the agenda or action log.</p>	
<b>REPORTS FROM THE CHAIR IN COMMON AND CHIEF EXECUTIVE</b>		
152/24	<p><b>Report from the Chair in Common</b></p> <p>The Board of Directors received a verbal report from Mr Morgan, which focused on his first few weeks as Chair in Common of SaTH and SCHAT (Shropshire Community Health NHS Trust), and covered the following key points:</p> <ul style="list-style-type: none"> <li>Since starting in post on 1 October 2024, he has been out and about extensively, meeting colleagues across both sites, as well as System partners, to gain an understanding of the current position on key deliverables, and of capacity and capability in the Trusts.</li> <li>He has also been reflecting on what the Chair in Common role means for ongoing integration, gaining a greater understanding of each Board's composition, and considering how a correct balance can be achieved between Board meetings in public and private session, Board seminars and development.</li> <li>Finally, he will be considering how it can be made as easy as possible for people to observe Board meetings, and also reviewing the way in which public questions are handled. Further information will be provided on both once finalised.</li> </ul> <p>In conclusion, the Chair in Common provided a commitment that he intends to lead both Boards to deliver the improvements needed, and he is keen that should not just be about working with both Trusts, but also with System partners. He added that he wants to ensure both organisations are the best possible System partners, recognising also that, as an important part of public life, there is a need to restore public confidence in our services.</p> <p>The Board of Directors noted the report.</p>	
153/24	<p><b>Report from the Chief Executive</b></p>	

The Board of Directors received the report from Ms Williams, providing an overview of some of the most noteworthy events and updates from the Chief Executive's position, since the last Board meeting held on 10 October 2024. The report was taken as read, and the following points were highlighted:

- Reflecting on the previous day's 'World Kindness Day', Ms Williams shared with the Board her positive experiences when walking around both sites since she joined the organisation. Not only has she personally been met with kindness and made to feel very welcome, she has also observed many instances of kindness from colleagues when caring for and supporting our patients, which have resonated very powerfully. Most staff she has spoken to have recognised that the organisation has got things wrong in the past, and she is very aware that she has an important job to do, in setting the culture of the organisation.
- 'Recognition Week' has been celebrated across the Trust in early November. Long Service Awards and a Volunteers' celebratory event had taken place the previous week, and the annual Staff Awards were being held the following day. All events were a valuable opportunity to say thank you to colleagues and recognise achievement.
- The NHS 10-year health plan engagement exercise launched on 21 October 2024, to shape the government's plans to build an NHS fit for the future. The engagement period will run until 2 December 2024 and will seek input from a wide range of stakeholders. The Board noted that an organisational response from staff will be submitted, in addition to Trust colleagues joining a regional NHSE session to provide their input. The Chair in Common endorsed the importance of as many people as possible expressing their views during the engagement period.

The Board of Directors noted the report.

## REPORT FROM THE MEDICAL DIRECTOR

154/24

### **Invited Review: Royal College of Physicians' Neonatal Service Review**

Before the Medical Director began his presentation of this report, the Chair in Common took a moment for all present to recognise that we are talking about families who have lost a child, and our thoughts are with those who have lost babies in terrible circumstances.

#### **Review Background**

The Medical Director presented the findings of the invited Royal College of Physicians' review of neonatal mortality from 2021 to 2022, including review of the Trust's use of the perinatal mortality review tool (PMRT).

Dr Jones clarified that the review was commissioned by the Trust to understand the above-average mortality noted in successive

MBRRACE (Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries) reports. This was in line with the organisation's commitment to investigate publicly, and seek external assistance, to support the Trust's desire to maintain transparency and to continually learn and improve.

The review had commented that "neonatal mortality at SaTH cannot be considered in isolation to neonatal mortality across the region. The West Midlands has the highest infant mortality in England (with 5.6 deaths per 1000 live births), and this has been the picture since 2000".

The review suggested the need to investigate the drivers underpinning this data, including social determinants, and poverty and ethnicity factors.

### **Review Findings**

The review team did not identify evidence to indicate that the quality of care provided to babies by the neonatal service was substandard, or directly contributing to the unit's outlier status in terms of perinatal mortality. However, whilst identifying aspects of good care, the review also found examples of poor care, or very poor care in one case.

In some cases, external independent review of care had already taken place as part of statutory reporting to the Healthcare Safety Investigation Branch (HSIB), and in the Royal College's findings of things we should do better, Dr Jones provided assurance that there was significant overlap with improvement actions already underway.

### **Communication with Families**

Dr Jones advised that he has written to each of the 18 families affected, to advise them of the review and to invite each family to meet with senior clinical members of the Trust, to discuss the overall report findings and their own individual care findings. These meetings have begun to take place and, as well as an opportunity to address and apologise unreservedly to the families for care that was not provided to the required standard by the Trust, the meetings provided an important opportunity to listen to the families' experiences and concerns.

The Board was referred to the full review report, included as Appendix 1, and Dr Jones clarified that details of individual care have been redacted from the report. The Chair in Common provided assurance that this was not about lack of transparency, but to respect the right to privacy for families and their loved ones where there were very detailed references to individual care, even though anonymised.

### **Next Steps**

Work has commenced with colleagues and System partners to address the recommendations from the report. The ICB has

supported the invited review approach, and they will help us with the pace of delivery.

The Trust feels both privileged and extremely grateful that many affected families (from both the maternity and neonatal reviews) have offered to work with us on our improvement journey. For example, at a family's instigation and with their requested involvement, we will be establishing a cultural piece of work which will take into account all areas of the Trust. Dr Jones has also made a commitment to another family that we will review the language in our Board papers. The Chief Executive supported this, recognising the importance of thinking carefully about what we say.

Turning to opportunities to look outside of our regional network, to help us to improve, Dr Jones advised that he is already in discussion with other regions. He recognised that, as in the case of this review, there was significant value in engaging with experts from far and wide.

The Chief Executive added that she has written to all partner CEOs in our region to share the review recommendations, and a Programme Board has now been set up by regional NHSE.

Referring to the Trust's leadership and culture strategy programme of work and, as this had not been specifically picked up in the review recommendations, the Chief People Officer felt that this was an opportunity to re-set and consider whether the actions and results from the programme are achieving the intended purpose. Mrs Boyode drew the Board's attention in particular to the intent, when the programme was established, that it would ultimately improve patient experience.

The Chair in Common emphasised to colleagues that, for full transparency, he would want to see regular progress reporting coming to Board on the recommended neonatal improvement actions, and that he did not expect governance and oversight to be restricted solely to reporting through the Maternity & Neonatal Assurance Committee or the Quality & Safety Assurance Committee.

### **Conclusion**

On behalf of the Board, the Chair in Common echoed the unreserved apologies made by Dr Jones to all the families affected. He provided assurance that there was absolute commitment from the Board to delivering the review recommendations, and to report in public on our progress.

Mr Morgan thanked the families who have given their time to meet with the Trust, and also wished to thank the Medical Director for his leadership on this.

In the interests of making successful implementation of the recommendations more certain, he encouraged the use of executive delegation, and invited Dr Jones to come back to the Board should he require any support going forward.

	<p>In summary, the Board of Directors:</p> <ul style="list-style-type: none"> <li>• Received and accepted the Independent Review Report;</li> <li>• Accepted its conclusions, recommendations and findings;</li> <li>• Supported the Chief Executive and Medical Director in their continued engagement with families;</li> <li>• Supported ongoing learning with System partners, and the importance of engaging with experts from other regions; and</li> <li>• Supported the review of the culture and leadership programme.</li> </ul> <p><b>Closing Comments</b></p> <p>The Chair in Common was pleased that the Trust had been proactive in inviting this review, and emphasised the need for this culture to continue going forward.</p> <p>His commitment, as Chair in Common, was to continue this approach, recognising the importance for public confidence in our services.</p>	
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<b>REPORTS FROM ASSURANCE COMMITTEE CHAIRS</b>		
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155/24	<p><b>Audit &amp; Risk Assurance Committee (ARAC) Report</b></p> <p>The Board of Directors received the report from the Interim Committee Chair, Mr Dhaliwal, which was taken as read.</p> <p>Mr Dhaliwal drew the Board's attention in particular to the assurance provided to the Committee that an anomaly in the compliance processes for overseas agency employment checks had now been fully investigated. The Chief People Officer provided additional assurance of ongoing oversight of compliance processes at the People &amp; OD Assurance Committee (PODAC).</p> <p>The Board of Directors accepted and noted the report.</p>	
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156/24	<p><b>Quality &amp; Safety Assurance Committee (QSAC) Report</b></p> <p>The Board of Directors received the report from the Committee Chair, Ms Dunnett. The report was taken as read, and the following points were highlighted:</p> <ul style="list-style-type: none"> <li>• <b>Cancer performance:</b> The Committee was advised that due to a deterioration in cancer waiting times performance and an increase in the backlog of patients waiting over 62 days on a cancer pathway, the Trust continues to remain in NHSE Tier 1 monitoring. External support from NHSE, and WMCA (West Midlands Cancer Alliance) funded posts within the ICB, remains in place to support the improvement work required.</li> <li>• <b>Radiology performance:</b> The Committee noted that Radiology services remain fragile, with delays in access and an increase in reporting turnaround time leading to an emerging theme in incidents. Staffing issues at RSH have meant that the CT and</li> </ul>	
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	<p>MRI Imaging Pod have not been operational, although the CDC remains operational six days a week.</p> <p>The Board of Directors accepted and noted the report.</p>	
157/24	<p><b>Performance Assurance Committee (PAC) Report</b></p> <p>The Board of Directors received the report from the Committee Chair, Ms Edwards. The report was taken as read, and the following points were highlighted:</p> <ul style="list-style-type: none"> <li>• Urgent &amp; Emergency Care (UEC): The Committee was advised that UEC performance remains a challenge. Following improvements in the summer months there have been deteriorations in 4-hour and 12-hour performance.</li> <li>• Elective Orthopaedics: The Chief Executive was delighted to report that the Elective Orthopaedic Ward had opened to patients the previous week, which was the first time that the Trust had been able to provide this on-site service in four-five years.</li> <li>• Data Warehouse: The Chief Executive also reported that NHSE, both regionally and nationally, have recently acknowledged that the Trust could not have foreseen the ongoing major data warehouse failure. They have asked the Trust to provide support and share our experiences with other organisations who are undertaking EPR (Electronic Patient Record) implementations.</li> <li>• Finally, Ms Edwards requested guidance from the Director of Governance, due to a current lack of clarity on which reports map to which committees for monitoring and assurance. Ms Milanec responded that she would shortly be drawing up an assurance map which would clarify the respective governance routes for all activity.</li> </ul> <p>The Board of Directors accepted and noted the report.</p>	
158/24	<p><b>Finance Assurance Committee (FAC) Report</b></p> <p>The Board of Directors received the report from the Committee Chair, Mr Miner, which was taken as read.</p> <p>There was substantial discussion on the financial challenges facing the Trust, covering the following key points:</p> <ul style="list-style-type: none"> <li>• Mr Miner emphasised to Board colleagues that there continues to be tremendous pressure on costs, particularly workforce pressures and use of escalation. He stressed the vital importance of the Board recognising the challenges the organisation faces and the need to determine what actions are required. Mitigations within the Trust's control were acknowledged as critical to achieving a reduction in the potential year-end deficit figure.</li> </ul>	



	<ul style="list-style-type: none"> <li>• The Board recognised that the organisation’s approach to management of risks was now far more robust than in previous years, and noted the establishment of the Weekly Financial Recovery Group, which was supported by both PricewaterhouseCooper (PwC) and the NHSE national improvement team, however there was also recognition that if all mitigations within direct Trust control were put in place it could reduce the deficit significantly.</li> <li>• The Director of Finance provided assurance that the Executive Team continued to work extensively each week on mitigation within our control. Mr Lee also referred to the benefits being seen following establishment of the Trust’s financial ‘taskforce’. The Chief Executive endorsed the importance of the taskforce work, recognising that the valuable multi-disciplinary approach was helping to gain a real understanding of the risk threshold, and leading to effective decision-making by the Executive Team.</li> <li>• The Chief Executive also referred to the key risks, of shortfall in bed capacity, and areas of unfunded cost pressures. The Director of Finance clarified that there was little traction in our ability to influence those risks which were outside of our direct control, both within the system and nationally.</li> <li>• The Chief People Officer referred to the forthcoming challenges of the Winter period, and the benefits that could be achieved by working optimally across the System, stating that she hoped a truly integrated Operating Plan could be achieved in the next financial year. With regard to the present, the Chief Executive advised colleagues of a number of proactive operational decisions being taken at this point, before December and Winter challenges are upon us.</li> <li>• The Chief Operating Officer emphasised the importance of the Board not losing sight of more sustainable changes in future years. Whilst acknowledging this, Ms Williams accepted that there was likely to be a need for further Board discussion in December 2024 on wider mitigations.</li> </ul> <p>The Board of Directors accepted and noted the report.</p>	
159/24	<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. The report was taken as read, and discussion focused on the following points:</p> <ul style="list-style-type: none"> <li>• Mrs Boughey was very encouraged to hear from earlier reports that other Board Committees are so well sighted on the Trust’s people agenda, particularly in the context that we are a people organisation, delivering a service to the people of our county. She also highlighted the Chief Operating Officer’s earlier point</li> </ul>	

	<p>on sustainability of change, acknowledging this as absolutely critical.</p> <ul style="list-style-type: none"> <li>• Referring to several of the points made in previous committee reports, a key focus for PODAC continues to be on workforce reform and productivity, recognising that working with partners across the System is the only way to start making the service and financial improvements required. Mrs Boughey also referred to the benefits which could be achieved through the Board Committee Chairs having greater interaction, to share knowledge and gain a better understanding of implications that affect everyone, eg quality and safety.</li> <li>• The Chair in Common made particular reference to the capacity and capability required to, most importantly, achieve productivity, and the need for clear, supportive and effective communication on this with colleagues. Additionally, Mrs Boyode offered to share information with the Board on how productivity can be measured, potentially via a future Board Seminar or Development session.</li> <li>• Finally, the Chief Executive drew the Board's attention to reference in the Committee report to concerns raised recently by a member of the public regarding limited healthy food options for Trust staff. She was grateful for this important issue being raised, and advised the Board of both short and longer term proposals for an improved provision, ensuring compliance with the NHS 'Commissioning for Quality and Innovation' (CQUIN) framework standards for healthy food options. Ms Williams highlighted this as an example of improvements not always being about the 'big' things, and the difference that smaller scale improvement initiatives can make to colleague welfare and wellbeing.</li> </ul> <p>The Board of Directors accepted and noted the report.</p>	
<b>STRATEGIC, QUALITY AND PERFORMANCE MATTERS</b>		
160/24	<p><b>Integrated Performance Report (IPR)</b></p> <p>The Board of Directors received the report from the Chief Executive, providing an update on progress against the Trust's Operating Plan, and associated objectives and enablers. The report includes an overview of the performance indicators to the end of August/September 2024.</p> <p>Whilst several of the key issues had been covered in the previous Committee reports, the IPR provides a comprehensive summary of planned recovery actions, correlated impact, and timescales for improvement.</p> <p>Taking the report as read, the Chief Executive invited questions from the Board, and comments from executive colleagues, by exception.</p>	

## **Operational Summary**

The Chief Operating Officer wished to take the opportunity to put on public record his thanks to his predecessor, Sara Biffen, for her commitment, in what have clearly been difficult times, and for the support she had provided to him upon joining the Trust.

The Board's attention was drawn to the following key points:

- Colleagues recognised that being in NHSE Tier 1 monitoring for cancer and elective performance recovery was not a position anyone would want to be in, not only as a Trust, but for the people of Shropshire.

The Chief Executive provided assurance that it was her firm intention for the organisation to move out of Tier 1 as soon as improvement actions allowed, and she was working with Mr Hobbs to fully understand how colleagues are navigating some of the issues. The Trust has great clinical leaders, and it gives her hope that the necessary improvements will be delivered to move out of Tier 1 monitoring, and achieve sustained improvement.

Ms Edwards provided assurance also that the Performance Assurance Committee continues to closely monitor the situation, and had undertaken a deep dive to understand the themes, issues and improvement actions which were necessary to exit from Tier 1.

- From an Urgent and Emergency Care (UEC) perspective, the Board was referred to the detailed performance information in the IPR, and the extensive UEC recovery programme partnership work taking place across the System. NHSE colleagues had also visited the Trust the previous week to provide their support.

With Winter conditions already upon us, the Trust is entering a period of significant risk in the UEC pathway, and whilst recognising that colleagues are doing everything they can to meet these challenges, Mr Hobbs cautioned that he did not yet feel assured on our ability to maintain performance against required standards.

- Referring to Community Diagnostics, Mr Lee advised the Board that there had been active System-level discussions on the provision of an additional Community Diagnostic Centre in the county. He confirmed that the Trust would be part of the equation as this progresses.
- Finally, assurance was provided to the Board of the following actions being taken to improve performance and the services we provide to our patients:

	<ul style="list-style-type: none"> <li>○ We are strengthening our leadership capacity and capability, supported by NHSE Recovery Support Programme (RSP) funding.</li> <li>○ We are looking to use the evidence available to us to hone in on challenges, ie to determine why we are getting to the point where patients are waiting 65 weeks from referral to treatment. Similarly, in UEC, how we manage frailty continues to be an important area of focus.</li> <li>○ We are working with ICB and NHSE colleagues to ensure all our performance forecasts are credible, recognising the importance of accuracy and honesty around forecasting to avoid any erosion of confidence.</li> </ul> <p>In conclusion, the Chief Executive thanked our staff for how they were responding to the practical challenges of transformation. She also wished to acknowledge and thank Estates colleagues for all the work they are doing alongside support to the Hospitals Transformation Programme (HTP), such as the Modular Build.</p> <p><b>Patient Safety, Clinical Effectiveness &amp; Patient Experience Summary</b></p> <p>The Director of Nursing provided assurance to the Board that the recent inclusion of quality priorities in the IPR allows for more effective monitoring, and greater understanding around the impact of interventions.</p> <p>With regard to the annual audit of Unreported Falls, and in particular, completion of Datix incident forms, Mrs Boughey queried what else might need to be done to increase completion awareness, noting that 65.97% of staff answered 'I think someone else reported it' against 34.03% who answered 'I think I reported it myself'. Mrs Flavell responded that she was confident that falls were being reported, and she would need to review the audit results in more detail to provide a definitive response, which she would relay offline.</p> <p><b>Finance Summary</b></p> <p>The Director of Finance had nothing additional to report, which had not already been covered in the earlier Finance Assurance Committee Report.</p> <p><b>Workforce Summary</b></p> <p>The Chief People Officer had nothing additional to report, which had not already been covered in earlier Committee reports.</p> <p>The Board of Directors accepted and noted the Integrated Performance Report.</p>	
161//24	<p><b>Getting to Good (G2G) Progress Report</b></p> <p>The Board of Directors received the report from the Chief Executive, providing information and assurance on the position in relation to</p>	

	<p>progress of the delivery of the G2G programme as at the end of September 2024.</p> <p>The report was taken as read, and there were no questions raised by exception.</p> <p>Ms Williams advised the Board that consideration was currently being given to how the G2G report fits with other organisational reporting (and the System Integrated Improvement Plan). She acknowledged that, whilst the methodology was helpful in tracking progress, there was a considerable amount of repetition with other reports, and the Board would be advised of the conclusions when finalised.</p> <p>The Board of Directors accepted and noted the report.</p>	
162/24	<p><b>Bi-annual Public Participation Report</b></p> <p>The Board of Directors received the report from the Director of Strategy and Partnerships, covering the extensive and widespread engagement taking place across our communities. The report was taken as read, and colleagues were recommended to also read the full report which was included in the Supplementary Information Pack.</p> <p>The Chief Executive referred to the inspiring Volunteer Celebration Event she had attended recently, and the obvious massive pride that our volunteers have in this organisation. She was grateful for the opportunity to engage with them, and it was clear that we should be taking up the interest expressed by some of our more mature volunteers to bring their skills and experience from previous careers into the Trust.</p> <p>Mr Lee also referred to the Volunteer to Career scheme, pioneered by the Trust, which continues to go from strength to strength, and drew the Board's attention to the work taking place to build on our ongoing employment support to veterans, by setting up a Veterans to Career pilot. As a result of these, and all our other volunteer opportunities, the Trust was being represented at a House of Commons reception in November to look at strengthening the NHS volunteer offer.</p> <p>The Board of Directors accepted the report, noting the activity from April to September 2024 across the Public Participation Team, and took assurance from this work that our statutory duties, and CQC Well-led requirements, are being met.</p>	
<b>REGULATORY AND STATUTORY REPORTING</b>		
163/24	<p><b>Freedom to Speak Up (FTSU) Report Q2 2024/25</b></p> <p>Ms Turner, FTSU Lead Guardian, joined the meeting to present the report, which was taken as read.</p>	

The following key points were covered during subsequent discussion:

- The Board noted that worker safety and wellbeing was the most recorded category in both Quarter 1 and Quarter 2 for all professions, followed by inappropriate attitudes and behaviour.
- With regard to persistent offenders/behaviours, Ms Edwards referred to names reoccurring again and again, as detailed in section 4 of the report, and Mr Miner highlighted reference in the same section to the reluctance of some managers 'to do' people management. Ms Turner had detailed in her report that this was due to the organisation not always tackling behaviours or issues robustly, resulting in a poor team culture, and this led to the following comments from colleagues:
  - The Chief People Officer, whilst providing the wider context that there was a behavioural issue across the whole NHS, emphasised that in reality many colleagues are continuously under pressure, and this led to the question of whether too much was being asked of them. She added that Royal College of Nursing (RCN) feedback has also shown that we remain too slow to respond, and work is ongoing with the Union to ensure concerns are dealt with more promptly.
  - Mrs Boyode provided further additional context that there are individuals who have worked in the organisation a long time, who want to continue to do things in the same way and are resistant to change. When new colleagues join who can see there is scope for change, they report that they are not being encouraged and feel 'done to', rather than involved. The Chair in Common observed that this formed part of the organisation's leadership development work.
  - The Director of Governance (as the Executive Lead for FTSU) highlighted concerns with line managers not feeling comfortable in having uncomfortable discussions. She also clarified that a FTSU action plan was in place, and this was due to be discussed and reviewed by ARAC, before being presented at a future Board meeting.
  - Reflecting on the above comments, Ms Dunnett highlighted that if colleagues' concerns are not being listened to and acted upon, it will leave them feeling that there is little point in speaking up, particularly on behavioural and leadership issues. The Chief Executive made the point that this all comes back to culture, which she confirmed would be an absolute ongoing focus for herself and the Executive Team.

	<ul style="list-style-type: none"> <li>○ Ms Troalen advised the Board that feedback from colleagues at a recent listening event mirrored the recurring themes detailed in the report, and the comments had been very sobering to hear. She queried the potential of more opportunities for the Board to be involved in this type of engagement.</li> <li>○ Finally, in response to a request from Ms Edwards for tangible assurance to the Board that the right actions are being tackled at the right time, Mrs Boyode reminded colleagues that the staff survey results would provide greater clarity around this when they are available in early 2025.</li> </ul> <p>The Board of Directors accepted and noted the report, and the Chair in Common thanked Ms Turner for her attendance.</p>	
164/24	<p><b>Quarterly Report from the Guardian of Safe Working Hours</b></p> <p>Dr Barrowclough, the Trust's Guardian of Safe Working Hours (GoSW), joined the meeting to present the report, which was taken as read.</p> <p>The following key points were covered during subsequent discussion:</p> <ul style="list-style-type: none"> <li>• The main area of concern for Doctors' working hours was in Urology, where there were persistent breaches in the tier 2 rota limits for continuous hours on duty and numbers of hours of rest. The Board was advised that two options were being considered to address this, including replacing an on call rota with a full shift, or introducing a separate tier 1 rota to reduce the workload on the tier 2 rota. Until the concerns identified in Urology are addressed, Doctors on the non-resident on call shifts may continue to breach safe working limits, and this therefore remains a risk to both patients and doctors.</li> <li>• The Board was reminded of the GoSW's ongoing concern that breaches continue to be identified by the retrospective dashboard. Live rostering provides the ability to collect this information prospectively, however this remains limited to only a few departments across the Trust. In future the GoSW will seek approval to fine departments retrospectively for breaches identified outside of the exception reporting system.</li> <li>• The Board was asked to recognise the concerns raised by Doctors regarding the PRH Drs Mess, which is currently affected by issues with RAAC and is therefore unusable. The temporary Mess, located in the Education Centre, is not fit for purpose in its current configuration and, whilst appreciating that an alternative area is being sought, the GoSW remains concerned regarding the time taken to resolve. Ms Robotham advised in response that whilst the NHSE-funded RAAC programme would provide a long-term solution by the end of the next financial year,</li> </ul>	

	<p>an alternative to the Education Centre has not been found for the Drs Mess in the interim. Dr Jones acknowledged that this was not an ideal situation, however the discovery of RAAC has caused previously unforeseen accommodation and space challenges at PRH, to ensure the health and safety of colleagues is safeguarded.</p> <p>The Board of Directors accepted and noted the report, and the Chair in Common thanked Dr Barrowclough for her attendance.</p>	
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<b>ASSURANCE FRAMEWORK</b>		
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165/24	<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, Interim Director of Midwifery.</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> <p><b>Ockenden Report action progress:</b> All actions (apart from those which are currently de-scoped) are on track for their expected delivery dates. The full action plan is included as Appendix 1 in the Board Supplementary Information Pack.</p> <p><b>Maternity and Neonatal Transformation Plan (MNTP):</b> Colleagues were reminded that it is a requirement of the Independent Maternity Review for the Board of Directors to receive an update on the MNTP at each of its meetings in public. The summary MNTP is included as Appendix 2 in the Board Supplementary Information Pack. There was nothing of exception to report from this, other than work is progressing according to plan.</p> <p><b>NHS Resolution’s Maternity (and Perinatal) Incentive Scheme (Clinical Negligence Scheme for Trusts – CNST):</b> 9 of the 10 safety actions are on target to be compliant. Safety Action (SA) 8 is currently at risk, however steps are underway to address non-compliance against this action.</p> <p><b>Mrs Williams emphasised that all reports are to assure the Board about the safety of the Trust’s maternity services. The Board of Directors formally acknowledged that it had received and read all the reports detailed in section 5.3, and confirmed that:</b></p> <ul style="list-style-type: none"> <li>• (SA1) – it continues to receive quarterly Perinatal Mortality Review Team (PMRT) reports and Board reports. The Quarter 2 PMRT Report and Board Report are presented at <b>(Appendices 4 and 5)</b>.</li> <li>• (SA3) – it continues to receive quarterly reports to be presented to the Quality &amp; Safety Assurance Committee (QSAC) as the</li> </ul>	
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delegated sub-committee of the Board. The Quarter 2 Avoiding Term Admissions into Neonatal Units (ATAIN) Report and Quality Improvement Update and Transitional Care Report have been received by QSAC.

- (SA5) – a Midwifery staffing oversight report, covering staffing/safety issues, is received by the Trust Board every six months (in line with National Institute for Health and Care Excellence (NICE) midwifery staffing guidance). **Appendix 6** presents the final Director of Midwifery's staffing report for this reporting period. The Midwifery staffing is aligned to Birthrate Plus. The budget is available and reflects the Birthrate Plus staffing requirements.
- (SA6) – this is fully implemented, with quarterly reports presented to confirm ongoing compliance. Trusts should provide a signed declaration from the Executive Medical Director declaring that Saving Babies Lives Care Bundle Version 3 is in place as agreed by Integrated Care Board (**Appendix Seven**).
- (SA8) – it continues to receive quarterly reports, which are presented to the Quality & Safety Assurance Committee (QSAC) as the delegated sub-committee of the Board. The Quarter 2 Education and Training Report and Action Plan have been received by QSAC.
- (SA9) – using the minimum data set, the Perinatal Quality Surveillance Model is fully embedded, and a review has been undertaken by the Trust Board. The locally agreed dashboard is at (**Appendix 8**).
- (SA9) – evidence that the Trust's Claims Scorecard (**Appendix 9**) has been received, and that there is evidence of triangulation with NHS Resolution's (NHSR) Scorecard – Quarter 2 (**Appendix 10**), respectively. Also, that there is evidence that Trust's claims are reviewed alongside incident and complaint data, and these are used to target interventions aimed at improving patient safety. The Board of Directors have seen evidence and agree that the Perinatal Quadrumvirate and Board Level Safety Champions meet bi-monthly (three within the reporting period). Furthermore, this is all discussed by the Maternity & Neonatal Board Level Safety Champions at Trust Board meetings.

**Maternity and Neonatal Services Open Day:** The Board was advised that the third Open Day on 28 September had been extremely well attended, with very positive comments from the local community relating to staff engagement and information received. Those attending also reported feeling reassured by the services offered.

	The Board of Directors, following comprehensive review of the Integrated Maternity Report and all associated CNST appendices, noted and took assurance from the report.	
166/24	<p><b>Incident Overview Report</b></p> <p>The Board of Directors received the report from the Director of Nursing, which was taken as read.</p> <p>Mrs Flavell advised the Board that from January 2025 the report will be in a new format, which will include safety intelligence and a summary of themes and improvements made within the reporting period.</p> <p>The Board of Directors accepted and noted the report.</p>	
167/24	<p><b>Board Assurance Framework (BAF) – Draft Q2 2024/25</b></p> <p>The Board of Directors received the report from the Director of Governance, which was taken as read. Key points and actions from subsequent discussion are summarised as follows:</p> <ul style="list-style-type: none"> <li>• <b>BAF risk 5</b> (<i>The Trust does not operate within its available resources, leading to financial instability and continued regulatory action</i>): Colleagues were reminded that the proposed reduction to the current total risk score from 20 to 16 had been previously discussed at the Board meeting on 12 September 2024. The Board had agreed at that time, in line with the recommendation from members of the Audit &amp; Risk Assurance Committee (ARAC), that it would be prudent to wait a little longer to review the Trust’s financial performance, with the expectation that the score could be reduced at the financial mid-year point.</li> </ul> <p>The proposed reduction had been further discussed by the Finance Assurance Committee (FAC), to whom oversight of this risk falls, on 30 October 2024. The Committee supported, overall, the score reduction, on the basis that the strengthening financial governance supports reducing the likelihood of the risk from ‘almost certain’ to ‘likely’ (noting that both were still extreme risks).</p> <p>Following earlier discussion in today’s meeting, and noting that the reduction had once again not been supported by ARAC when it had considered the Quarter 2 BAF, the Board agreed that it still did not support the proposed score reduction from 20 to 16 at this time. This was on the basis of needing to evidence continued improvement on the grip on costs, with a clear forward projection for year-end against plan. The risk score would remain at 20.</p> <ul style="list-style-type: none"> <li>• <b>BAF risk 7b</b> (<i>The inability to implement modern digital systems impacts upon the delivery of patient care</i>): Further to discussions at the Board meeting on 12 September 2024, the Performance Assurance Committee had considered and was supportive of an</li> </ul>	

	<p>increase to the current score, from 16 to 20, at its meeting of 22 October 2024. The Board agreed to the increased score, noting the limitations on the ability to implement new systems with the current capacity and overall funding available, recognising that this was much more multi-factorial than the current data warehouse issues.</p> <ul style="list-style-type: none"> <li>• <b>BAF risk 2</b> (<i>The Trust is unable to consistently embed a safety culture with evidence of continuous quality improvement and patient experience</i>): The Board noted that consideration was given by the Quality &amp; Safety Assurance Committee (QSAC) on 29 October 2024 to a reduction in this risk score from 16 to 12, on the basis that the likelihood of the risk had reduced due to all of the measures in place. The score reduction was not, however, agreed by QSAC (and it was confirmed that it would not be agreed by ARAC). The current total risk score therefore remains at 16 in Quarter 2.</li> <li>• <b>BAF risk 13</b> (<i>The Trust is unable to ensure that robust corporate governance arrangements are in place resulting in poor processes, procedures and assurance</i>): The Director of Governance drew the Board’s attention to the Trust’s current status against the Data Security &amp; Protection Toolkit (DSPT) standards. Ms Milanec was pleased to report that, following a history of the Trust not having met the standards since they were introduced in 2018, they had now been achieved, following submission of an updated action plan to NHSE in October 2024. Colleagues were advised that this was not just relevant to data protection, as many contracts refer to the achievement of DSPT standards, and the contracting team had been advised accordingly.</li> </ul> <p>The Board of Directors accepted the recommendations from the report and, following consideration of the content of the draft BAF and scores, <b>approved</b> the Quarter 2 BAF.</p>	
<b>PROCEDURAL ITEMS</b>		
168/24	<p><b>Any Other Business</b></p> <p><b>Mrs Hayley Flavell:</b> As this was Hayley’s last attendance at Board before her forthcoming departure from the Trust, the Chair in Common expressed his thanks on behalf of the Board for all Hayley has done during her time as Director of Nursing over her four years’ service. Colleagues wished Hayley well for the future, and every success in her new role.</p> <p>There were no further items of business.</p>	
16924	<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 9 January 2025 from 0930hrs–1330hrs (<b>Post-</b></p>	

	<i>meeting note: meeting date subsequently changed to 16 January 2025).</i>	
<b>STAKEHOLDER ENGAGEMENT</b>		
170/24	<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> <p>Mr Morgan additionally advised, as referenced in his earlier report, that the process for handling public questions was currently under review, to ensure that it best meets the needs of those in our community. Changes to the process would be communicated via the Trust’s website, and at Board, when finalised.</p>	
<b>The meeting was declared closed.</b>		

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