

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

Thursday 16 January 2025
Held in Shrewsbury Education & Conference Centre

MINUTES

Name	Title
MEMBERS	
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
Ms P Gardner	Interim Chief Nursing Officer
Mr N Hobbs	Chief Operating Officer
Dr J Jones	Medical Director
Ms W Nicholson	Non-Executive Director
Prof T Purt	Non-Executive Director / Vice Chair
Ms H Troalen	Director of Finance
Ms J Williams	Interim Chief Executive
IN ATTENDANCE	
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 I Robotham	Assistant Chief Executive
Ms B Barnes	Board Secretariat (Minute Taker)
GUEST ATTENDANCE	
Dr B Barrowclough	Guardian of Safe Working Hours (<i>Agenda Item 021/25</i>)
Mr M Dimmock	Head of People Services (<i>Agenda Item 021/25</i>)
Mrs K Williams	Interim Director of Midwifery (<i>Agenda Item 022/25</i>)
Mr M Wright	Programme Director, Maternity Assurance (<i>Agenda Item 022/25</i>)
APOLOGIES	
Mr R Miner	Non-Executive Director

No.	ITEM	ACTION
PROCEDURAL ITEMS		
001/25	<p>Welcome, Introductions and Apologies</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 Ms Paula Gardner, who had recently joined the Trust as Interim Chief Nursing Officer.</p> <p>No apologies had been received.</p>	
002/25	<p>Patient Story</p> <p>Ms Gardner introduced a video in which a patient requiring weekly intravenous treatment had encountered limited awareness amongst staff, during a series of emergency admissions to the Trust, about a portacath device which he has fitted under the skin on his chest to enable venous access.</p> <p>The patient subsequently contacted the Trust to share his experiences, and kindly offered his time to work collaboratively with SaTH in exploring measures to increase awareness amongst staff, and to establish a process for accessing a portacath in the event of an admission.</p> <p>The Board was pleased to note the extensive actions which had subsequently been taken to improve awareness and training on portacath devices across the Trust, and the positive example this provided of the value of patient empowerment and engagement, leading to greater understanding from staff and ultimately improved care for our patients.</p> <p>The Chair in Common asked that Ms Gardner relay the thanks of the Board to the patient for his much appreciated collaboration with the Trust.</p>	
003/25	<p>Quorum</p> <p>The meeting was declared quorate.</p>	
004/25	<p>Declarations of Conflicts of Interest</p> <p>No conflicts of interest were declared that were not already included on the Register of Directors' Interests.</p> <p>The Board of Directors was reminded of the need to highlight any further interests which may arise during the meeting.</p>	
005/25	<p>Minutes of the previous meeting</p> <p>The minutes of the meeting held on 14 November 2024 were accepted and approved by the Board of Directors as an accurate record.</p>	
006/25	<p>Action Log</p> <p>The Board of Directors reviewed the action log, and agreed the</p>	

	<p>closure of Action Log No. 4, noting that a report on the Dispatches Programme action plan was an agenda item later in this meeting, along with a verbal update on future reporting.</p> <p>There were no further actions listed for review.</p>	
007/25	<p>Matters arising from the previous minutes</p> <p>In response to a query from Ms Edwards, the Director of Governance confirmed that work was underway to set out a governance assurance map and framework, which formed part of work with the ICS and NHSE. She confirmed that this would be made available to the Committees of the Board when finalised.</p> <p>No further matters were raised which were not already covered on the agenda or action log.</p>	
REPORTS FROM THE CHAIR IN COMMON AND CHIEF EXECUTIVE		
008/25	<p>Report from the Chair in Common</p> <p>The Chair in Common provided the Board with the following verbal update:</p> <ul style="list-style-type: none"> • Operational pressures: Mr Morgan acknowledged that staff across the Trust have been working ‘above and beyond’ in very challenging circumstances, also recognising that this included Executive colleagues around the Board table. He thanked all colleagues for their continued commitment, under significant pressures, to ensure patients and staff were being looked after appropriately. • Stakeholder engagement: Since the last Board meeting Mr Morgan had continued to attend meetings with stakeholders, colleagues across the system and the wider NHS. In particular, he has been involved in regional and national meetings regarding the NHSE operating framework, and a national workshop would be taking place the following day, hosted by Midlands NHS, to finalise the framework. • SaTH and SCHAT: As Chair in Common of both Trusts, Mr Morgan continues to look at the most effective ways of working together, in addition to considering Board capacity and capability in both Trusts. • ICB System Transformation Group: Mr Morgan has been asked to chair this Group, which will focus on transformation across a breadth of key areas, which included community, shared services, and digital. He emphasised that this would not be about doing ‘more of the same’, and that he would expect all parts of the system to fully engage with the benefits of transformational change. <p>The Board of Directors noted the report.</p>	

Report from the Chief Executive

The Board of Directors received the report from the Chief Executive, 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 key points were highlighted:

- Winter pressures: Ms Williams began by thanking Mr Morgan, on behalf of her Executive colleagues, for his earlier supportive words. She added her own thanks for how teams across the Trust, with the support of our system partners, have worked tirelessly together to respond to such extreme pressures on both sites across the urgent and emergency care pathway, which had been exacerbated further with rising cases of flu and respiratory infections.

Ms Williams provided her assurance of the Trust's commitment to reducing delays for our patients, whether they arrived by ambulance or were waiting for treatment in our Emergency Departments (EDs). She referred colleagues particularly to section 2.2 of her report, providing details of the mitigating actions which had been implemented across the Trust, working with our partners, to support with decongesting the emergency pathway.

Throughout the winter pressures, the Trust has ensured that we can protect and preserve elective care, maximising core capacity by working with system partners and other stakeholders, to offer appropriate services to our population in the right place, at the right time, with an appropriate use of resources. The organisation remains committed to making further progress at pace against core standards in elective care, cancer, and diagnostic waiting times. Acknowledging that there was still much more to do, the focus remains on our recovery programmes and sustaining the improvements we are making to ensure our patients are having the tests and scans they need at the right time.

The Chair in Common added that he would continue to raise with all key stakeholders the significant number of patients in our hospitals who have completed their acute care but cannot be discharged. Not only was this having adverse consequences for the rehabilitation and wellbeing of those patients, it was also impacting on the Trust's ability to support patients requiring admittance.

- Licence Conditions: Ms Williams was pleased to refer to the removal by the CQC in December 2024 of three further conditions from our licence. This means that the Trust has now had 58 conditions removed, with only two remaining, of 'Time to assessment in ED' and 'Paediatric triage within 15 minutes'. This was acknowledged as fantastic progress, and testament to all

	<p>the work which has been delivered by our teams.</p> <p>The Board of Directors noted the report.</p>	
REPORTS FROM ASSURANCE COMMITTEE CHAIRS		
010/25	<p>Audit & Risk Assurance Committee (ARAC) Report</p> <p>The Board of Directors received the report from the Committee Chair, Prof Purt, which was taken as read.</p> <p>The Board’s attention was particularly drawn to the ‘Alert’ section of the report, detailing a ‘limited assurance’ rating following a recent national cost collection internal audit review. Whilst it was not yet possible to determine whether this rating would have a negative impact on the Trust achieving, for the third consecutive year, an overall ‘substantial assurance’ rating, the Committee wished to highlight this potential issue to the Board.</p> <p>The Board of Directors accepted and noted the report.</p>	
011/25	<p>Quality & Safety Assurance Committee (QSAC) Report</p> <p>The Board of Directors received the report from the Committee Chair, Ms Dunnett. The report was taken as read, and the following key points were highlighted:</p> <ul style="list-style-type: none"> • Data warehouse: The Committee had been pleased to learn of the mitigation work which had been led by the Executive to ensure the ongoing data warehouse issues had not adversely impacted recent regulatory submissions by the Trust. • Palliative end of life care (PEOLC): The Committee had noted with concern that there had been a deterioration in the question ‘Was your relative comfortable in palliative end of life care’, and had requested that an update be provided to QSAC following a review by the PEOLC team. This action was strongly endorsed by the Chair in Common, who asked that the Committee escalate any findings from the review which needed to be brought to the attention of the Board. • Ambulance handovers: The Committee had been concerned to note the significant increase in delays offloading patients from ambulances in November and December 2024 due to the previously discussed pressures in emergency services, which had also led to an increased length of stay in ED. The Chief Operating Officer, fully recognising that too many patients were spending too long in ambulances, advised the Board that the National Clinical Lead for Emergency Medicine in NHSE’s improvement programme, GIRFT (Getting it Right First Time) had been invited to the Trust for their observations and assessment in this regard. The visit was taking place that day, and Executive colleagues awaited the findings, with a view to implementing at pace the improvement actions identified. The Chair in Common welcomed the focused work that was being 	

	<p>undertaken on ambulance handover, recognising that this was a key matter of public confidence in the NHS.</p> <ul style="list-style-type: none"> • Cancer performance and levelling up clinical standards: The Committee had noted from the Getting to Good report that these two projects were rated red. Associated harms related to cancer care were being monitored and a report would come to the Committee in January 2025. The Committee had also requested that a report into the impact of the lack of progress on levelling up clinical standards was brought to QSAC in January, along with an update on actions taken to date. <p>The Board of Directors accepted and noted the report.</p>	
012/25	<p>Performance Assurance Committee (PAC) Report</p> <p>The Board of Directors received the report from the Committee Chair, Ms Edwards. The report was taken as read, and the following key points were highlighted:</p> <ul style="list-style-type: none"> • Elective and cancer performance: Noting that the Trust's elective and cancer performance, and recovery actions, had been referenced in the Chief Executive's report earlier in the meeting, Ms Edwards additionally advised the Board that a key area of focus for the Committee going forward would be improvements to outpatient and theatre bookings, seeking to bring these up to the percentages achieved elsewhere. • Workforce reduction: Referring to the forecast risks to delivery of the 7% reduction in workforce by the end of 2024/25, Mr Miner sought clarity on Ms Edwards' understanding of where the assurance elements of risk would sit between the two Committees of PAC and FAC (Finance Assurance Committee). Ms Edwards confirmed that the focus for PAC would be on the Trust achieving the staff numbers it required for the benefit of our patients. As part of that, the Committee would be reviewing how insourcing and outsourcing were currently used to augment service provision. Her understanding was that FAC would focus on all financial elements of performance and risk, which was duly acknowledged by Mr Miner. <p>The Board of Directors accepted and noted the report.</p>	
013/25	<p>Finance Assurance Committee (FAC) Report</p> <p>The Board of Directors received the report from the Committee Chair, Mr Miner, which was taken as read.</p> <p>Substantial discussion on the financial challenges facing the Trust covered the following key points:</p> <ul style="list-style-type: none"> • The Board was alerted to the pace of the implementation of planned workforce changes, which continued to pose a particular challenge, noting that the full run-rate benefits and 	

	<p>opportunities were unlikely to achieve an impact until the start of the 2025/26 financial year. Mr Miner observed the potential improvement to the 2024/25 year-end position if action could have been taken earlier in the year.</p> <ul style="list-style-type: none"> • The current year-end forecast outturn was showing a marginal improvement to the previous month's deficit, however the Committee considered the current initiatives as incremental cost reduction, and that transformational change was the real solution. Bank spend, medical workforce spend and Medicine & Emergency Care (MEC) Division financial performance represented the most critical areas. • The Chief People Officer, referring to the point on transformational change, acknowledged the importance of opportunities to introduce different ways of working. This particularly included greater collaboration with system partners, and the important productivity benefits greater collaboration would deliver, most importantly for Urgent and Emergency Care. Mrs Boyode confirmed that work was underway on a number of transformational schemes, and she welcomed ongoing collaboration on these with the Chief Executive and Chief Operating Officer, also providing assurance that the Board would be sighted on the ongoing development of new ways of working. <p>The Board of Directors accepted and noted the report.</p>	
014/25	<p>People & OD Assurance Committee (PODAC) Report</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"> • Referring to several of the points made in previous Committee reports, a key focus for PODAC continued to be on all aspects of workforce reform and productivity, recognising that working with partners across the system was the only way to start making the service and financial improvements required. • There was ongoing scrutiny by the Committee of the Trust's wellbeing offer, to determine if it was delivering value for money based on the needs of colleagues. • The Medical Director reminded colleagues of the concerns he had expressed in previous Board meetings, that PODAC should receive assurance on the delivery of regulatory training programmes, and other activity relating to medical education, such as feedback from university surveys etc, but he could still not see these featuring on the Committee agenda. <p>The Committee Chair and Chief People Officer acknowledged Dr Jones' concerns and, whilst the annual review of the</p>	

	<p>Committee Terms of Reference had recently been undertaken, they provided assurance that these omissions would be addressed as part of the wider governance review which was currently underway by the Director of Governance of all Board Assurance Committee ToRs, including memberships and quorums.</p> <p>The Board of Directors accepted and noted the report.</p>	
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STRATEGIC, QUALITY AND PERFORMANCE MATTERS		
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015/25	<p>Integrated Performance Report (IPR)</p> <p>The Board of Directors received the report from the Chief Executive, providing an update on progress against the Trust’s Operating Plan, and associated objectives and enablers. The report provided an overview of the performance indicators to the end of October/November 2024.</p> <p>Whilst several of the key issues had been covered in the previous Committee reports, the IPR provided a comprehensive summary of planned recovery actions, correlated impact, and timescales for improvement. Taking the report as read, the Chief Executive invited questions from the Board, and comments from executive colleagues, by exception.</p> <p>Patient Safety, Clinical Effectiveness & Patient Experience Summary</p> <ul style="list-style-type: none"> • Patient harm – Falls: The Interim Chief Nursing Officer drew the Board’s attention to the following two improvement projects underway: <ul style="list-style-type: none"> ○ Ward 27 staff took part in a trial in October 2024, supported by the external ‘Elevate’ training programme, to work with patients and staff on a progressive evidence-based strength and balance programme, specifically for those aged over 60, to help prevent falls. Outcome measures have been reviewed and a dashboard was being trialled. ○ Wards 9 and 28 have been running a reconditioning project using the ‘Donate 2 Motivate’ incentive and the ‘Get up, get dressed, get moving’ model, where clothes have been donated to patients to support their reconditioning prior to going home. • Deteriorating patients: Mrs Boughey observed that the second line of wording within the ‘Recovery actions’ section on page 68 of the Board pack suggested that audits were being undertaken by bank staff. She also commented on the use of the external ‘Elevate’ programme, in both cases querying why these had not been undertaken by our substantive workforce rather than the more expensive alternative of bank and external support. Ms 	
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Gardner acknowledged the points raised, and provided her assurance that both situations would be investigated.

- Mortality outcome data: The Medical Director drew the Board's attention to the key mortality themes identified from reviews, and the associated ongoing and planned recovery actions, as detailed on page 81 of the Board pack. Dr Jones provided assurance to the Board that he continues to maintain close observation of all mortality outcome data.

Operational Summary

- NHSE Tier 1 monitoring: The Chief Operating Officer wished to emphasise to the Board that the Trust's ongoing inclusion in the NHSE Tier 1 monitoring and support programme for urgent and elective care was not a standard that he, his Executive colleagues, nor the Divisional Senior Leadership teams, were comfortable with. He reiterated the organisation's dedicated focus on the delivery of improvement actions, with a view to exiting the programme at the earliest possible opportunity
- Elective recovery: Mr Hobbs was pleased to confirm to the Board the improved position relating to the number of patients waiting over 65 weeks for treatment following referral. Insourcing capacity was being maximised to facilitate ongoing progress towards a targeted position of zero 65 week breaches by Spring 2025.
- Cancer recovery – Faster Diagnosis Standard (FDS): The 62-day position was showing special cause improvement but Mr Hobbs emphasised that further substantial recovery work was required to improve delays for patients on all cancer pathways.
- Mr Hobbs confirmed, in response to a query from Mr Crowther, that he was confident in the Trust's ability to recruit the additional staffing associated with the sustainable endoscopy business case approval referenced in the report.
- Hospital Flow: The 'Hospital Full' Protocol, has been revised, and additional domiciliary care capacity has been commissioned, to allow the Trust to facilitate discharge with colleagues in community care. This had resulted in a more recent stable position when compared to 3-4 weeks earlier.

Finance Summary

Financial Plan 2024/25: The Director of Finance reminded colleagues of the current financial position of the Trust, and referred to the financial support agreed by NHSE to the value of the approved financial plan deficit of £44.3m. The Chair in Common clarified that this had been covered non-recurrently, meaning that the Trust would still have to find savings to cover this £44m deficit in 2025/26.

	<p>Capital Programme: Ms Troalen provided assurance to the Board that the Trust's Capital Planning Group (CPG) would be focused on both annual and quarterly expenditure throughout 2025/26, ensuring that colleagues were held to account in a regular timely manner on expenditure against the agreed Capital Programme.</p> <p>Workforce Summary</p> <p>The Chief People Officer had nothing additional to report, which had not already been covered in earlier reports.</p> <p>The Board of Directors accepted and noted the Integrated Performance Report.</p>	
016/25	<p>Dispatches Programme Action Plan Progress Report</p> <p>The Board of Directors received the report from the Medical Director and the Interim Chief Nursing Officer, to provide detailed information on the progress status of all actions taken in response to the concerns raised by the programme, and the metrics relating to the ongoing monitoring of improvements.</p> <p>There was subsequent Board discussion on the culture within ED, as colleagues did not feel this was particularly represented in the report. The Chief Executive provided assurance to the Board of the recent appointment of two additional posts within UEC, and she intended that they would work together to focus on cultural improvement.</p> <p>Whilst recognising that colleagues were working in an extremely pressured environment, the Interim Chief Nursing Officer wished to assure the Board that poor communication would not be tolerated and, if witnessed by her or any Executive colleagues, it was picked up immediately. Ms Dunnett advised that a report was due to be received at QSAC in January 2025, on a 'spot' audit which had been undertaken on this and other 'human factors' within ED, and the Committee would subsequently advise the Board of any key findings requiring escalation.</p> <p>The Board of Directors accepted the report and noted that there would be a step down to monthly audits as part of 'business as usual' from March 2025. Assurance was provided that QSAC would continue to provide ongoing monitoring and scrutiny of all ED audits and metrics, and would ensure that any priority issues were escalated to the Board.</p>	
REGULATORY AND STATUTORY REPORTING		
017/25	<p>Infection Prevention & Control (IPC) Report Q2 2024/25</p> <p>The Board of Directors received the report from the Interim Chief Nursing Officer to provide information and assurance on the position in relation to the performance of the IPC programme for quarter 2 of 2024/25.</p>	

	<p>The report was taken as read, and the following key points were highlighted:</p> <ul style="list-style-type: none"> ○ The Board’s attention was drawn to an increase in E.coli and MSSA bacteraemia rates, which have prompted focused reviews on hospital versus community-acquired cases and device-related sources. ○ The Trust remained below the national average for MRSA bacteraemia cases, despite a recent spike in cases. Improvement areas identified by the IPC team were being addressed through targeted C.difficile workstreams. ○ Norovirus was particularly prevalent at PRH, and the three affected wards would currently continue to require masks to be worn and undertake deep cleaning. Whilst the point had not yet been reached of shutting down the wards, the Interim Chief Nursing Officer was in ongoing discussion on the issue with the Medical Director. ○ Finally, the Chair in Common sought the view of Ms Gardner on the ‘pushback’ she had received when mask wearing had been temporarily introduced across the Trust earlier in the month. She acknowledged the psychological impact of having to revert to wearing masks, which had been highlighted as a perceived key part of the issue by the Medical Director, but confirmed that the numbers suggest it was the right decision to take in the interests of keeping people safe. <p>The Board of Directors accepted and noted the report.</p>	
018/25	<p>Bi-Annual Nurse Staffing Report</p> <p>The Board of Directors received the report from the Interim Chief Nursing Officer, providing a summary of the nurse staffing position from an assurance and risk perspective, following the latest formal bi-annual review, using the SNCT (Safer Nursing Care Tool).</p> <p>The report was taken as read, and discussion focused on the following key points:</p> <ul style="list-style-type: none"> • Ms Gardner firstly wished to publicly commend Kara Blackwell, Deputy Chief Nurse and Steph Young, Lead Nurse Workforce, on the quality of the report, commenting that she had not previously seen a bi-annual staffing report to this level of detail elsewhere within the NHS. • CHPPD (Care hours per patient day) reported via Model Hospital for the Trust were in Quartile 2 and in line with peer and provider median, and fill rates overall remained consistently above 90%. 	

	<ul style="list-style-type: none"> • The outputs of the tool also showed that, without taking professional judgement into consideration, the current budgets were well in excess of the SNCT recommendations, although the data did not reflect departmental workload and challenges with delivering care. In summary, Registered Nurse to Patient ratios were better than the recommended ratio of no more than 1:8 during the day (there was no current guidance for nights), and colleagues were referred to the recommendations for Divisional establishment changes outlined in the report. • Mr Miner queried whether the establishment findings had therefore identified an excess of nursing staff. Ms Gardner agreed with this conclusion and confirmed that she was reviewing the situation, using this report as a baseline. • The Chair in Common supported the establishment review following the findings from the SNCT, with the important emphasis on ensuring that the safety of patients would not be compromised. • In response to a query from Mr Crowther, Ms Gardner clarified that there was no current provision in the SNCT for patients in the Emergency Department for greater than 12 hours. The SNCT was currently ward-based, however it was currently under review by the national team, in view of the frequency of national occurrences of patients exceeding 12 hour attendance in EDs across the country. <p>The Board of Directors accepted and noted the report, and endorsed the recommendations outlined.</p>	
019/25	<p>Medical Examiner / Bereavement Service Report Q2 2024/25</p> <p>The Board of Directors received the report from the Medical Director, which was taken as read.</p> <p>Dr Jones commented, in summary, that the report described a well run service, which was meeting its expectations.</p> <p>The Board of Directors accepted and noted the report.</p>	
020/25	<p>How we learn from deaths Report Q2 2024/25</p> <p>The Board of Directors received the report from the Medical Director, which was taken as read.</p> <p>Dr Jones assured the Board that the Trust considers mortality to be an important metric relating to the quality of services provided within the organisation.</p> <p>The data warehouse issues experienced by the Trust since April 2024 have created considerable challenges, as detailed within the report. Within the Learning from Deaths agenda this has specifically impacted the Summary Hospital-level Mortality Indicator (SHMI),</p>	

	<p>ability to calculate the Crude Mortality Rate (CMR) and other performance metrics within the Learning from Deaths dashboard.</p> <p>Work continues within the Trust, however, on reviewing deaths using the SJR (Structured Judgement Review) methodology, with further review facilitated by Divisional governance teams and clinical colleagues, and referral for a Patient Safety Incident Investigation (PSII) as appropriate. Work also continues to review harm related to long delays within the ED.</p> <p>The Board of Directors accepted and noted the report, and the Chair in Common thanked Dr Jones for the self-explanatory and helpful content.</p>	
021/25	<p>Reports from the Guardian of Safe Working Hours (GoSW)</p> <p>Dr Barrowclough, the Trust's Guardian of Safe Working Hours, joined the meeting to present the quarterly and annual GoSW reports. Dr Barrowclough was accompanied by Mr Matt Dimmock, Head of People Services, who had joined the meeting to provide answers to any questions the Board may have on vacancy data.</p> <p>Both reports were taken as read, and subsequent discussion covered the following key points:</p> <ul style="list-style-type: none"> • The main area of concern for Doctors' working hours continued to be related to the tier 2 Urology on-call rota, where there were persistent breaches in the rota limits for continuous hours on duty and numbers of hours of rest. The Board was pleased to hear of the plan to increase establishment by one post and replace the on call rota with a full shift, and noted that the appointment process was currently at interview stage. • The Board was reminded of the concerns previously raised by the GoSW about the prolonged arrangements for a temporary Drs Mess at PRH, which was a consequence of the original location becoming unusable due to the discovery of RAAC. Whilst appreciating the accommodation and space challenges that the discovery of RAAC has caused at PRH, Dr Barrowclough expressed her concern that the temporary Drs Mess, located in the Education Centre, was not fit for purpose in its current configuration. The results of a recent Doctors survey had evidenced their dissatisfaction with the current temporary location, and Dr Barrowclough made the point that a well organised Drs Mess, to provide a dedicated place to share knowledge and experiences, sends the message to our Doctors that they are valued. <p>The Assistant Chief Executive clarified that, whilst the NHSE-funded RAAC programme would provide an identified long-term solution, which would be completed as part of the wider required programme of work by the end of the next financial year (with Doctors having an opportunity to input to the design), it had not</p>	

	<p>been possible to identify an alternative to the current Education Centre location during the interim period.</p> <p>Acknowledging Dr Barrowclough's comments, the Chief Executive provided a commitment to investigate with the Estates team if anything could be done to find a more suitable interim location for the Drs Mess, whilst mindful of our obligations to safeguard the health and safety of all colleagues.</p> <ul style="list-style-type: none"> Finally, the GoSW remained concerned, whilst acknowledging the incredible improvements she had seen in Medical Staffing, that she continued to be unable to provide assurance to the Board with regard to the safeguarding of Doctors' working hours, given the lack of visibility of all rotas on a single system. <p>The Chief People Officer provided assurance that there were further improvement plans in place, recognising that ultimately a live rostering system would provide a solution that would allow the GoSW to effectively triangulate data, thus providing the ability to assure the Board on the safe working hours for Junior Doctors.</p> <p>Mr Dimmock additionally wished to make the Board aware of the introduction by his team of strategic workforce planning, which had resulted in the generation of cost efficiency, particularly with regard to the Trust's Deanery allocation. Mrs Boyode expressed her thanks to Mr Dimmock and the team for the invaluable improvement work they continued to undertake.</p> <p>The Board of Directors accepted and noted the report, and the Chair in Common thanked Dr Barrowclough and Mr Dimmock for their attendance.</p>	CEO
ASSURANCE FRAMEWORK		
022/25	<p>Integrated Maternity & Neonatal Report</p> <p>The Board of Directors received the report from the Interim Chief Nursing Officer, who was joined for this item by Mrs Williams, Interim Director of Midwifery and Mr Wright, Programme Director – Maternity Assurance.</p> <p>Colleagues were referred to the detail contained within the report, which was taken as read, and the following key points were covered:</p> <p>Ockenden Report action progress: All actions (apart from those currently de-scoped as they were not within the direct control of the Trust to deliver) were on track for their expected delivery dates. The full action plan was included as Appendix 1 in the Board Supplementary Information Pack.</p>	

Invited Neonatology Service Review (2023/24): Steady progress was being made to deliver the recommendations in the invited review report, led by the Royal College of Physicians, which was received by the Board of Directors at its meeting in November 2024. The recommendations comprised of 27 actions in total, and assurance was provided to the Board that 24 of the actions were on track for their expected delivery dates. The summary Neonatal External Mortality Review (NEMR) action plan was included as Appendix 2 in the Board Supplementary Information Pack.

Maternity and Neonatal Transformation Plan (MNTP) Phase 2 – high level progress report: Colleagues were reminded that it was 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 session. The summary MNTP was included as Appendix 3 in the Board Supplementary Information Pack.

The Board was advised of one matter of exception, relating to receipt by MNTAC (Maternity & Neonatal Transformation Assurance Committee) of an exception report to 'de-scope' four actions from the national Black Maternal Health Plan, as these relied on other lead agencies and were not for the Trust to implement. As with the maternity de-scoped actions, these actions would be reviewed quarterly to ensure there was ongoing monitoring.

The Board was assured that steady progress was being made on actions within the cultural improvement plans which were devised from feedback from the 2023 staff survey and cultural reviews commissioned by the Division. Results were reviewed by a multi-disciplinary group within both Maternity and Neonatal Services, and improvement actions were added or integrated into already existing actions. Those actions were then subject to ongoing review within the dedicated People and Culture workstream, chaired by the Deputy Director of People & OD.

NHS Resolution's Maternity (and Perinatal) Incentive Scheme (Clinical Negligence Scheme for Trusts – CNST): 8 of the 10 safety actions were fully on target to be compliant. Of the remaining two, Safety Action (SA)4 was on track to be compliant, and the Board's attention was drawn to the final element pertaining to obstetric workforce and four sub-items which were presented as **Appendix 7** in the Board Supplementary Information Pack. SA8 was also on track to be compliant, with the Board's attention drawn to the Education and Training Report for the reporting period, demonstrating compliance with all elements, presented as **Appendix 8** in the Board Supplementary Information Pack.

Mrs Williams emphasised that all reports were to assure the Board about the safety of the Trust's maternity and neonatal services. The Board of Directors formally acknowledged that it had received and read all the reports detailed in section 5, and confirmed that:

- (SA1) – it continues to receive quarterly Perinatal Mortality Review Team (PMRT) reports and Board reports, including details of deaths reviewed, any themes identified, and the consequent action plans. A final closure report was presented as **Appendix 4** in the Board Supplementary Information Pack.
- (SA2) – it has received confirmation of the final formal assessment on the July 2024 MSDS (Maternity Services Data Set). The final results published have confirmed compliance, included as **Appendices 5 and 6** in the Board Supplementary Information Pack.
- (SA4) – it has received and reviewed the evidence in **Appendix 7** of the Board Supplementary Information Pack, and can confirm compliance with the employment of short-term locums, receipt of the audit demonstrating compliance of consultant attendance, and action plans. The employment of long-term consultants sub-action has been met. Compensatory rest due to the service offering 24 hour consultant cover on the Delivery Suite has been met.
- (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 final Education and Training Report and Action Plan have been received, included as **Appendix 8** in the Board Supplementary Information Pack, demonstrating compliance. 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 included as **Appendix 9** in the Board Supplementary Information Pack.
- (SA9) – there is evidence of progress with the Maternity and Neonatal Culture Improvement Plan and any identified support is being considered and implemented. The Perinatal Quad Leadership Team meet bi-monthly. Minutes are presented at **Appendix 10** in the Board Supplementary Information Pack, and support required by the Board has been identified and implemented. Progress with the Neonatal and Maternity Culture Improvement Plan is being monitored, and identified support is being considered and implemented.
- (SA10) – it has had sight of the Trust's legal services and maternity clinical governance records of qualifying MNSI (Maternity and Newborn Safety Investigations, and EN (Early Notification) incidents and numbers which are reported to MNSI and NHS Resolution (NHSR). It is satisfied that families have received the information on the role of MNSI and NHSR and

have received evidence pertaining to compliance with the statutory duty of candour, included as **Appendix 11** in the Board Supplementary Information Pack.

Mrs Williams concluded this section of the report by clarifying that, in addition to the Board's acceptance of the evidence provided at this meeting, a final report and presentation to the Board would take place on 23 January 2025. There would be the opportunity at that meeting for colleagues to ask any final questions on the evidence provided, following which the Board will be required to give their permission to the Chief Executive Officer to sign the Board declaration form prior to submission to NHS Resolution.

Finally, the Medical Director wished to put on public record the leadership provided by the Trust's former Director of Nursing, Mrs Hayley Flavell. Mrs Flavell's commitment and drive to comply with all CNST processes and actions had undoubtedly contributed to SaTH achieving compliance with the exacting requirements of this important scheme, across both current and previous years. The Board endorsed this sentiment.

NHSE Annual Screening Quality Assurance Visit

The Board was advised that NHSE had undertaken their annual screening quality assurance visit to the Maternity Service in September 2024, which focused on antenatal and newborn screening pathways.

The screening team did not identify any immediate concerns with the service. 25 recommendations were made, including seven 'high priority' findings, as detailed in the report, which had already been identified for action by the Maternity Services team.

The screening service had since developed an action plan in collaboration with the commissioners, progress against which would be monitored by the Screening Quality Assurance Service.

NHS National CQC Maternity Survey 2024

The Board noted that the results of the National CQC Maternity Survey had been published, and received assurance that there were no statistically significant changes in SaTH's scores when compared to last year's results.

In line with previous years, a gap analysis would be conducted, and a co-produced action plan with MNVP (Maternity & Neonatal Voices Partnership) would be undertaken and monitored.

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

023/25

Patient Safety Incident Response Overview Report

	<p>The Board of Directors received the report from the Interim Chief Nursing Officer, to provide assurance in relation to the management of patient safety incidents through the PSIRF processes, and the outcomes for patients and families.</p> <p>Taking the report as read, Ms Gardner wished to draw particular attention to the Family Liaison Officer update provided within section 4, highlighting to the Board the overwhelmingly positive feedback from families stating they felt well supported by the service, were kept updated with progress, and that their questions were answered by the end of the process.</p> <p>The Board of Directors accepted and noted the report, and welcomed the proactive support being provided to families.</p>	
ITEMS FOR CONSENT (Approval recommended from Board Committees)		
024/25	<p>Emergency Preparedness, Resilience & Response (EPRR)</p> <p>The Board of Directors received the report from the Chief Operating Officer, presenting the outcome of the NHSE assessment of Core Standards for EPRR following the 2024/25 annual assurance process.</p> <p>The report was taken as read, and the Board was asked to note the proposed self-assessment of 'Partial Compliance' (82%) against the NHSE Core Standards, as detailed within Appendix 4 to the report.</p> <p>The Board was additionally required to approve the two related policies, included as Appendices 1 and 2 to the report. Mr Hobbs confirmed that the only amendments to the previous version of both policies were NHSE changes. Ms Edwards highlighted two additional minor inaccuracies, where reference was made to QSAC on page 205 of the Board pack (Business Continuity Policy), and the Quality Operational Committee (QOC) on page 231 (Major Incident Policy), noting that the Committees no longer held an EPRR governance role. Mr Hobbs agreed to the removal of both references, noting that ARAC was the correct governance route for EPRR prior to subsequent receipt by the Board.</p> <p>In response to a query from the Chair in Common, Mr Hobbs was pleased to confirm that the Trust had gone from being an outlier previously, to now being in line with other Trusts. He also expressed his confidence in the plans in place to achieve 'Substantial Compliance', and wished to commend the Trust's EPRR Manager, Emma-Jane Beattie, for the extensive work and commitment she had shown in leading these improvements for the Trust.</p> <p>The Chief Executive wished to add her own thanks and shared with the Board how impressed she had been with the team's incredible performance during the Critical Incident which had been called on 2 January 2025.</p>	

	<p>Prof Purt highlighted an awareness issue relating to the 2023/24 self-assessment. He advised that, as Chair of ARAC, he had not been aware, until attending a wider meeting with the ICB, that the Trust's original self-assessment had been downgraded by the ICB. Mr Hobbs provided assurance that the Trust's 2024/25 self assessment of 'Partial Compliance', and the review of evidence by both the ICB and NHSE, had resulted in ratification by the Local Health Resilience Forum in November 2024.</p> <p>Whilst acknowledging the extensive amount of work which had clearly gone into the report, Mr Miner questioned whether the inclusion of such a large amount of granular level detail was necessary going forward, given that this was an assurance report to the Board. The Chair in Common invited Mr Hobbs to reflect on that observation for future reports.</p> <p>The Board of Directors accepted the report and:</p> <ul style="list-style-type: none"> • noted the status of 'Partially Compliant' within the report, particularly with regard to the proposed self-assessment of 'Partial Compliance' (82%) against the NHSE Core Standards for EPRR, • noted that progress against the Core Standards would be tracked and monitored closely, with any areas of concern highlighted to the Accountable Emergency Officer, • noted that improvements to achieve compliance in the remaining 11 standards were in development, and • approved the Business Continuity Policy and Major Incident Policy, subject to the amendments which had been identified by Ms Edwards. 	
025/25	<p>Annual Review of Standing Orders, Scheme of Reservation & Delegation and Standing Financial Instructions; and Board Code of Conduct</p> <p>The Board of Directors received the report, and accompanying appendices, from the Director of Governance, which were taken as read.</p> <p>The Board's attention was drawn in particular to the summary of the proposed updates to each of the documents (pages 299-301 of the Board pack).</p> <p>The following points were raised by Non-Executive Directors:</p> <ul style="list-style-type: none"> • Delegation of Powers: Ms Edwards referred to the Board delegation of powers to QSAC, and Board discussion at an earlier meeting to seek clarity on the potential to reduce the large volume of CNST (Clinical Negligence Scheme for Trusts) reports currently needing to come direct to Board. She queried if NHS Resolution had since confirmed whether it was acceptable, under their CNST guidelines, for QSAC to undertake scrutiny of the CNST reports produced by Maternity Services. 	

	<p>The Interim Director of Midwifery clarified in response that the current Year 6 scheme guidelines had allowed for some reports to be received by a delegated Committee of the Board, and QSAC were receiving the reports in those cases. Year 7 guidance was awaited and, noting that the guidelines had been slightly less restrictive in Year 6 compared to previous years, Mrs Williams hoped that this would result in further rationalisation of the governance process in Year 7 of the scheme.</p> <ul style="list-style-type: none"> • Job title changes: Mrs Boughey highlighted that No. 4 in the policy table on page 337 of the Board pack still included reference to the Director of People & OD, rather than the new title of Chief People Officer. • Fit & Proper: Mrs Boughey queried why reporting on compliance with the Fit & Proper Person Framework was received at the Remuneration Committee, but the Corporate Fit and Proper Persons Policy was showing as reviewed by PODAC prior to Board approval. It was agreed that discussion on this would be taken offline. <p>Subject to any necessary changes required as a result of the above points, and additionally a request from the Chair in Common to check that all job titles were showing correctly in all documents, the Board of Directors approved the updated Standing Orders, Scheme of Reservation & Delegation, Standing Financial Instructions and Board Code of Conduct.</p>	
026/25	<p>Annual Review of People & OD Assurance Committee (PODAC) Terms of Reference (ToRs)</p> <p>The Board of Directors received the report from the Director of Governance, and noted the small number of amendments which were proposed to the PODAC ToRs following their annual review.</p> <p>Referring to the concerns raised earlier in the meeting by the Medical Director regarding the omission of oversight and assurance by PODAC on the delivery of regulatory training programmes, and other activity relating to medical education, assurance was provided that these would be addressed in the wider governance review which was currently underway of all Board Assurance Committee ToRs.</p> <p>The Board of Directors accepted and approved the updated PODAC Terms of Reference, noting the information provided on the ongoing wider governance review.</p>	
BOARD GOVERNANCE		
027/25	Board Member Interests	

	<p>The Board of Directors received the report from the Director of Governance, which was taken as read. Colleagues considered the Board member interests included as Appendix 1 to the report, and noted the intention to publish these on the Trust’s website alongside the other registers of interest.</p> <p>Ms Milanec was advised of the following two amendments, not currently reflected in Appendix 1:</p> <ul style="list-style-type: none"> • Mr Miner advised that he had input an additional declaration on ESR in the last week, and • Mrs Boyode advised that she was no longer undertaking the role of Co-Chair of West Midlands NHS Employers. <p>Ms Milanec took note of the above, and invited colleagues to contact her as soon as possible following the meeting if they had any further updates to report to the register as it was currently presented.</p> <p>The Board of Directors was also reminded of the ongoing requirement to declare any future interests or changes on ESR in a timely manner.</p>	
PROCEDURAL ITEMS		
028/25	<p>Any Other Business</p> <p>There were no further items of business.</p>	
029/25	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Board of Directors in public was scheduled for Thursday 13 March 2025 from 0930hrs–1230hrs.</p>	
STAKEHOLDER ENGAGEMENT		
030/25	<p>Questions from the public</p> <p>The Chair in Common advised that a new process for handling public questions, to ensure that we best meet the needs of those in our community, would be introduced for the start of the 2025/26 financial year. The new process would be communicated via the Trust’s website, and at Board, when finalised.</p> <p>In the meantime, questions were welcome from observing members of the public on any items covered in today’s meeting, which could be submitted via the Trust’s website. The Chair in Common confirmed that responses to questions were sent to the individuals concerned, and were also published on the website.</p>	
The meeting was declared closed.		