

The Shrewsbury & Telford Hospital NHS Trust

Board of Directors' meeting in PUBLIC

Tuesday 8 December 2020 via MS Teams (and live streamed to a public audience).

Minutes

NAME	TITLE	ITEM
MEMBERS (voting)		
Dr C McMahon (CM)	Chair	
Mrs L Barnett (LB)	Chief Executive Officer (CEO)	
Ms T Boughey (TB)	Non-Executive Director (NED)	
Mr A Bristlin (AB)	Non-Executive Director (NED)	
Mr D Brown (DB)	Non-Executive Director (NED)	
Prof. C Deadman (CD)	Non-Executive Director (NED)	
Mr J Drury (JD)	Interim Finance Director (IFD)	
Ms H Flavell (HF)	Director of Nursing (DN)	
Dr J Jones (JJ)	Deputy Medical Directors (DMD) substitute for Dr Rose	
Dr D Lee (DL)	Non-Executive Director (NED)	
Mr N Lee (NL)	Chief Operating Officer (COO)	
Prof. T Purt (TP)	Non-Executive Director (NED)	
APOLOGIES		
Dr A Rose (AR)	Medical Director (MD)	
ATTENDEES (non-voting)		
Mr T Allen (TA)	Associate Non-Executive Director (A.NED)	
Ms R Boyode (RB)	Acting Workforce Director (AWD)	
Dr M Cheetham (MC)	Care Group Medical Director for Scheduled Care	
Mrs J Clarke (JC)	Director of Corporate Services (DCS)	
Ms A Milanec (AM)	Director of Governance & Communications (DGC)	
Mr B Newman (BN)	Associate Non-Executive Director (A.NED)	
Mr C Preston (CP)	Interim Director of Strategy & Planning (IDSP)	
Ms S Rostron (SR)	Improvement Director (ID)	
Ms N Wenlock (NW)	Director of Midwifery (DM)	Item 201/20
Ms C West (CW)	Chief Transformation Officer UHB (CTO-UHB)	
Ms P Neil (PN)	Interim Board Secretary (IBS)	Minutes

No. 2020	ITEM	ACTION
GENERAL BUSINESS		1000
189/20	Welcome and apologies. The Chair welcomed all those present, and observing members of the public attending the meeting via the live stream. Apologies were noted.	

	<p>The Chair advised the meeting that as a result of the raised Covid-19 incident level, all staff in the Trust would be wearing face masks unless working alone in a single room.</p> <p>The Chair thanked all members of the public who attended the previous Board of Directors' meeting in public on 5 November 2020 and provided feedback. The digital chat box and show of hands, used by attending members, were brought to the attention of the observing public.</p> <p>The Chair recognised the work being undertaken by staff, led by the Medical Director, Dr Rose, to establish the Trust's Covid-19 vaccination programme; she advised that Dr Rose was currently dealing with the official introduction of the programme.</p> <p>The Chair welcomed the Deputy Medical Director, Dr Jones representing Dr Rose at the meeting.</p>	
190/20	<p>Patient Story</p> <p>The Director of Nursing, Ms Flavell, shared the story about a patient admitted to RSH A&E and the stroke unit at PRH with suspected stroke symptoms late one evening in October 2020 and suggested, that patient stories can act as a powerful resource, sharing a personal experience and supporting quality improvement.</p> <p>Told well, a patient story has the power to introduce and inspire change, she added.</p> <p>The patient wrote to the Trust's Chief Executive outlining their positive experience and saying, <i>"I've been a nurse for 30 years and been on the receiving end of care, or witnessed it for family in Trusts elsewhere. I feel my care at SaTH was outstanding"</i> with ward staff working together seamlessly, supporting each other and patients.</p>	
Procedural items		
191/20	<p>Quorum</p> <p>The Chair declared the meeting quorate.</p>	
192/20	<p>Declarations of conflicts of Interest</p> <p>No conflicts of interest were declared not already declared on the register.</p>	
193/20	<p>Minutes of the previous meeting.</p> <p>The minutes of the meeting held on 5 November 2020 were approved by the Board of Directors as an accurate record.</p>	

194/20	<p>Matters Arising</p> <p>No other matters were raised that were not already covered in the action log or agenda.</p>	
195/20	<p>Action Log</p> <p>The Board of Directors received the action log and the updates provided.</p> <p>Actions 2020/51, 2020/52.1, and 2020/56 were agreed closed and it was agreed that action 2020/52 would remain open.</p> <p>The Board of Directors noted the action log.</p>	
Quality operational performance		
196/20	<p>Report from the Chair</p> <p>The Board of Directors received the report from the Chair, Dr McMahon.</p> <p>Dr McMahon reported that the Medical Director had implemented the roll out of the Trust's Covid-19 vaccination programme on the 8 December 2020. The challenges for health and social care nationally would be timely delivery with sufficient resource, distribution and ensuring the most vulnerable members of the community were vaccinated first.</p> <p>The Chair visited PRH and RSH wards recently and saw first-hand the pressure on staff managing both Covid-19 and winter 20/21. During the visit, Dr McMahon observed the new 'Redi Rooms', or pop up isolation rooms, in action protecting staff and patients.</p> <p>The Board of Directors noted the verbal report.</p>	
197/20	<p>Report from the Chief Executive</p> <p>The Board of Directors received the report from the Chief Executive, Mrs Barnett and were asked to note the report.</p> <p>Mrs Barnett confirmed proposed publication of the first of Donna Ockenden's reports into maternity services at the Trust, on Thursday 10 December 2020 which she highlighted would be significant for the Trust, the families involved and the community. Mrs Barnett advised that she was unable to say anything further about the report until after publication.</p> <p>The importance of the Trust as a Covid-19 vaccination hub for Shropshire was highlighted. Mrs Barnett said that the launch of the programme on the day of the meeting was an exciting move</p>	

	<p>forward in the fight against the pandemic, and that local communities would benefit from the future expansion of the programme.</p> <p>The Board of Directors noted the report.</p>	
198/20	<p>Recruitment and Retention Strategy 2020/21</p> <p>The Board of Directors received the report from the Acting Workforce Director, Ms Boyode and were asked to approve the report.</p> <p>Ms Boyode emphasised the importance of ensuring that as an organisation, the Trust identified and supported staff talent and succession pathways; new roles and career planning; workforce planning to ensure staff worked in the right places; and that the Trust celebrated and recognised the role of volunteers.</p> <p>The Recruitment and Retention Strategy had been designed to provide clear pathways supporting the need to recruit and retain staff. A risk in this regard had been included on the Board Assurance Framework (BAF) document.</p> <p>Mr Bristlin asked if the Board of Directors could be assured that all actions under-pinning the Strategy would be implemented. Ms Boyode confirmed that the Board of Directors would be updated regularly on action outcomes, including any programmes of work brought forward for completion earlier than scheduled – which she anti.</p> <p>In response to a question raised by Ms Clarke regarding public representation on Trust recruitment panels, Ms Boyode confirmed that, as the largest employer in Shropshire, community involvement in recruitment was integral to overcoming any inequalities experienced.</p> <p>Mr Bristlin sought assurance that resources were in place to deliver the substantial work outlined in the Strategy, notwithstanding the current challenges. Ms Boyode assured the Board that key areas of the Strategy had already been put into action, risks to implementation had been assessed, and that a regular update of deliverables would be provided to the Board of Directors.</p> <p>Mr Drury asked if, in light of a trend at the Trust for colleagues to leave between 18 – 24 months of tenure and between the ages of 20 – 35 years of age, the Strategy had the right balance between recruitment and retention. Ms Boyode agreed that focusing on ensuring the workforce was engaged, that colleagues have the right skills, that they were supported to deliver in their role, and</p>	

	<p>that the workforce was responsive, would be essential to achieving the Trust's vision and ambition.</p> <p>Mr Newman enquired, as a result of the structured exit interviews now being undertaken, what themes were emerging as to why colleagues were leaving the Trust. Ms Boyode mentioned the Trust's 'Itchy Feet' programme where colleagues were encouraged to discuss career pathway frustrations with the workforce team. Reasons emerging as a result of this work related to career pathway opportunities and the work environment at the Trust, with staff reporting that they feel supported, valued and respected. It was noted that whilst colleagues may leave to improve their skills elsewhere they often return following career development to the benefit of the Trust.</p> <p>Ms Boughey asked, following disestablishment of the Workforce Assurance Committee in November 2020, where assurance that the work was being undertaken, would now be managed. Ms Boyode confirmed that new governance arrangements were being implemented to provide oversight of the People Strategy work and assurance to the Board.</p> <p>The Board of Directors approved the report.</p>	
199/20	<p>Extension to mobile MRI capacity</p> <p>The Board of Directors received the report from the Chief Operating Officer, Mr Lee, and were asked to approve the report.</p> <p>Mr Lee reported that significant progress had been made on key areas of work including cancer, as documented in the performance review paper, with a reduction in backlogs and harm minimised. He advised that the Trust had secured the use of two mobile MRI units (October 2020 and November 2020) initially for 3 months each with a recent extension of 6 months beyond the 20/21 year-end, creating a prior commitment in the operational plan for 2021/22. The additional assets were intended to enhance a reduction in waiting lists. Mr Lee confirmed that capital had successfully been secured for a new CT and an MRI which were currently being procured nationally, and anticipated for delivery in May/June 2021.</p> <p>The Board of Directors approved the report.</p>	
Quality operational performance		
200/20	<p>Integrated Performance Report [M7]</p> <p>The Board of Directors received the report from the Chief Executive, Mrs Barnett, and were asked to note the report. Mrs Barnett highlighted the work being undertaken to incorporate feedback on the IPR previously received. An increase in the</p>	

	<p>range of indicators across the domains (quality, operational workforce) and information relating to national performance standards, was now provided.</p> <p>Prof. Purt suggested that there could be a benefit in benchmarking the Trust's performance, not simply against the national performance targets but against similar sized organisations or peer groups.</p> <p>(Mr Preston identified an error in the quality dashboard requiring correction which should read C.Diff – 4 and E.Coli – 3.)</p> <p>In response to a question from Mr Bristlin regarding presentation of the data, Ms Flavell explained that elements highlighted in green indicated the action has been completed, with blue indicating that an embedding process had been undertaken. Furthermore, she advised that a report was being prepared showing the process of transitioning from a transactional approach (403 individual actions in the CQC Action Plan) to a thematic review (6 arising key themes). She advised that the degree of 'embedding' was being demonstrated through training, compliance with policy, and tangible outcomes for patients.</p> <p>Dr Lee suggested that comparisons with wider national measures, whilst helpful, should not necessarily be the standard that the Trust should aim for. He highlighted the falls indicator, and explained that, whilst the Trust was not an NHS outlier in this area, the Trust should not be prepared to tolerate any patients being harmed on Trust wards as a result of preventable falls. He added that the Trust should be aspirational and not settle for average performance. He also highlighted the increased importance of the practice of 'embedding' in clinical areas, particularly when considering those staff who worked with the Trust intermittently, such as agency or locum colleagues.</p> <p>Ms Flavell highlighted some of the newer data that had been included in the report, including numbers of interventions that had taken place, assurances gained (impact of actions on outcomes), and improvement work being undertaken (Page108) with sustainable systems, policies and training now in place. It was noted that colleagues were also adapting quality and safety responses to local demographics and the Trust's physical environment.</p> <p>It was suggested that a short board session be scheduled to discuss more clearly the role that the performance report (and the reliability of data) plays in improving quality and delivery of care.</p> <p>The Board of Directors noted the report.</p>	<p>DGC</p>
201/20	Maternity Report	

The Director of Midwifery, Nicola Wenlock joined the meeting to present the item.

The Board of Directors received the report from Ms Wenlock and were asked to take assurance from the report which included an update to the Maternity Transformation Programme, the CNST Maternity Incentive Scheme with the Midwifery Staffing Report, and also a report into the use of the Perinatal Mortality Review Tool, and reporting to NHS Resolution Early Notification Scheme.

Regarding the Maternity Transformation Programme, Ms Wenlock advised that there were six work streams, one of which related to IT infrastructure, with the remaining five relating directly to maternity. All of the work streams had now begun to have regular meetings.

Ms Wenlock asked the members to note that the submission date for the CNST Maternity Incentive Scheme had now changed from May 2021 to July 2021, and reported that the Trust currently had four areas of the Scheme's ten requirements rated green, with six areas rated amber.

With regard to the Midwifery Staffing Report, Ms Wenlock advised that the midwife to birth ratio was 1:26 which was very positive, and that 80% (against a target of 85%) had been achieved on the acuity score on the delivery suite, which had been impacted by a number of factors including an increased birth rate. Thirteen red flags were reported in-month which related mainly to induction of labour. All areas achieved at least 90% fill rate for midwifery staffing, and 1-2-1 care in labour across all women who birthed with the Trust in-month.

With regard to the report into the use of the Perinatal Mortality Review Tool and Early Notification Scheme, Ms Wenlock advised that sadly, one still-birth had been reported in-month.

Dr Lee highlighted that, due to recent changes in the assurance committee structure, the pathway for reporting maternity data in the future had changed. Ms Flavell confirmed that the assurance pathway for maternity reports to the Board of Directors would now be via Maternity Quality Operational Committee (MQOC, chaired by Ms Flavell and attended by Mr Bristlin) with a monthly 3A's report (alert, assure, advise) submitted to Quality & Safety Assurance Committee (QSAC, chaired by Dr Lee) and finally, the Board of Directors' meeting in public via a further monthly 3A's report.

It was noted that Dr Lee, Dr Rose and Ms Flavell met on Wednesday 2 December 2020 and agreed the Terms of Reference for and the cycle of reporting into QSAC (including the 3A reports, a deep dive and dashboard). The maternity report

	<p>submitted to the December 2020 Board of Directors' meeting in public would be disseminated at QSAC with the exception of CNST which would, as required, report directly to the Board of Directors.</p> <p>The Chair confirmed that a Board of Directors' Seminar Session would be held to discuss in detail the governance structure and assurance pathway for reporting Trust business from ward to board.</p> <p>In response to Mr Preston's question, Ms Wenlock confirmed that all actions, including amber actions relating to maternity due for completion in December 2020, were progressing and on track.</p> <p>The Board of Directors took assurance from the report</p>	DGC
202/20	<p>Infection Prevention and Control Report</p> <p>The Board of Directors received the report from Ms Flavell, and were asked to take assurance from the report.</p> <p>Ms Flavell updated the report submitted, confirming that 69.78% of frontline staff at the Trust had received a flu vaccination, and she then provided a summary of the key points from the report.</p> <p>Ms Flavell drew the member's attention to the recent Covid-19 outbreaks (Page 66) across PRH and RSH affecting both staff and patients with 17 testing positive as at 8 December 2020 and 6 episodes remaining open. Outbreak meetings had been held (Page 167) and lessons learned from the incidents, discussed.</p> <p>It was noted that the Infection Prevention & Control BAF would be reviewed monthly by the IPC Operational Group.</p> <p>In response to a question raised by Mr Lee about the challenges associated with outbreak management, Ms Flavell confirmed that the implementation, management and governance for the potential need for mixed sex accommodation, was being discussed by the Chief Operating Officer, Medical Director and her. The Director of Corporate Services confirmed, NHSE/I recently clarified that an outbreak is two or more occurrences.</p> <p>The Board of Directors took assurance from the report.</p>	
203/20	<p>Operational Report</p> <p>The Board of Directors received the report from the Chief Operating Officer, Mr Lee and were asked to note the report.</p>	

The Chief Operating Officer provided a summary of the key points in the report including the EU Exit and the Operational Performance.

With regard to EU Exit, Mr Lee advised the Board that a clear message had been circulated recently from the NHS confirming that Trusts should not locally stockpile medicines and equipment, and that supply would be managed nationally and regionally. He advised that positive changes had emerged as a result of Covid-19 with the manufacture and supply of items moving from offshore to onshore, with a focus on increased, UK based manufacturing. It was noted that the Trust continued to provide support to members of the workforce who may need support documenting their right to remain in the UK. It was noted that local preparedness and business continuity plans in anticipation of EU exit, were in place.

Operational Performance – Mr Lee suggested that November 2020, not included in the IPR data for M7, was a very difficult month following the re-emergence of a second Covid-19 wave and an increase in urgent care activity due to winter pressures. The impact of outbreaks on bed numbers and patient flow remained a challenge. He advised that the Trust had been working with system partners to prioritise admissions' waiting lists, cancer pathway patients and high priority admissions with additional capacity implemented where possible (mobile MRI and CT and units).

Prof. Purt asked if the surgical needs of the patients on the 52 week waiting list were being prioritised. Mr Lee confirmed that surgical teams were co-ordinating the prioritisation of 52 week waiting lists. Utilisation of the independent sector currently stood at 70%+, with 80%+ for the last two weeks of November 2020. It was noted that the Robert Jones was being used for a small number of orthopaedic patients. The Board was advised that the national contract with the independent sector ended in December 2020, with local systems assuming responsibility for working with independent stakeholders.

Dr Lee mentioned that mechanisms were in place to document any perceived patient harm as a result of a delay in diagnosis or treatment due to Covid-19.

Prof. Purt asked what impact a no-deal EU Exit would have on the supply of Covid-19 vaccinations coming from Europe after 1 January 2021. Mr Lee confirmed that no information had been received about a supply problem from 1 January 2021.

In response to a question from Mr Newman, Mr Lee confirmed a number of independent providers were being used, for example dermatology, to manage additional demand.

	The Board of Directors noted the report.	
204/20	<p>Quality Compliance Report</p> <p>The Board of Directors received the report from the Director of Nursing, Ms Flavell, and were asked to take assurance from the report.</p> <p>Ms Flavell confirmed the programme of work remains on track with sufficient evidence to support the case for lifting the Section 31 regulation by the CQC by March 2021. 92% of actions had been completed and a formal transition into Phase 2, a thematic approach (Page 266) being implemented. These arising would be safe staffing, training, safeguarding, governance, end of life and deteriorating patients. Improvements were being supported by topic based deep dives evidencing improvement to the governance framework, policies, training and safeguarding practices.</p> <p>Mrs Clarke relayed a question asked at a recent Community Engagement meeting about the information in tables 2.5 & 2.6 (Page 265) suggesting, that whilst the information suggests a lag in the number completed and the number embedded, it does take time to embed actions. Ms Flavell advised that a robust process for evidencing 'embedding' would be submitted to the operational committee for approval, which in turn, would be reported to the QSAC via the 3A's report.</p> <p>Ms Flavell responded to a point raised by the Chief Executive on the cultural change at the Trust suggesting that colleagues were now more engaged, focused on making a difference, and delivering patient centred care. It was noted that discussions with colleagues on implementing policy, training and outcomes designed to improve the patient experience, were now taking place with the specialist teams network within the system and with the UHB, to understand the best practice models. Dr Jones agreed that there had been a good deal of learning across the Trust; some basic practice principles such as capacity, safeguarding and deprivation of liberty, had previously not been well embedded with clinical staff.</p> <p>The Board of Directors took assurance from the report</p>	
Assurance Framework		
205/20	<p>Transforming Care 'Getting to Good' Programme Report</p> <p>The Board of Directors received the report from the Interim Director of Strategy & Performance, Mr Preston, and were asked to take assurance from the report.</p>	

	<p>Mr Preston reminded the Board of Directors' that eleven key objectives had been agreed by the Board following which, an improvement team led by the Improvement Director, Ms Rostron, had identified a number of additional key areas of improvement when they joined the Trust. In addition, the Trust had joined an Improvement Alliance with the University Hospital Birmingham (UHB) who identified further areas of potential improvement and opportunity. All areas identified were being brought together in one plan, with realistic objectives for excellent care every day for every patient. It was noted that these would be communicated to the wider organisation, teams and stakeholders, as part of the Getting to Good Plan.</p> <p>Mr Bristlin asked if the process of inclusion for key stakeholders had been robust enough. Mr Preston mentioned that some engagement with some stakeholders (UHB and system colleagues) had taken place and that the G2G Plan included further key stakeholders the Trust would need to engage with moving forward.</p> <p>Mr Lee, mentioned that an Emergency Care Board had been convened, providing a framework for reviewing urgent care. Discussions with regional partners were underway to provide additional capacity. He advised that joint work was being undertaken with the CCG on diagnostics and elective recovery work.</p> <p>Mrs Barnett highlighted the important role that stakeholder engagement played in capturing views, feedback, and the experience of patients and their families, in shaping the future. Ms Flavell added that Healthwatch were also keen to support the Trust with community engagement.</p> <p>The Board of Directors noted the report.</p>	
206/20	<p>Guardian of Safe Working Report [Q2]</p> <p>The Board of Directors' received the report from the Deputy Medical Director, Dr Jones, and were asked to approve the report.</p> <p>Dr Jones updated the Board on the background to the report produced quarterly by the Guardian of Safe Working, Ms Barrowclough, a specialty doctor working at the Trust. The role, independent of the management structure of the Trust, was introduced as part of a new Junior Doctors Contract implemented in 2016 directly linking the quality and safety of training for doctors with the safety and well-being of patients. It was noted that the Guardian of Safe Working was responsible for monitoring exception reporting by trainees of breaches in agreed work schedules.</p>	

	<p>The Q2 report presented some concerns, including an information systems issue, and a rota issue where insufficient time had been allowed for a handover.</p> <p>In response to a question from Mr Preston about plans to address potential safety concerns from the two issues identified in the report, Dr Jones confirmed that the malfunctioning TV screen used as a ward based handover tool, had now been rectified, and that the issue relating to the rota had been amended to address the inadequate time allowed for a handover.</p> <p>Dr Jones added that unlike Covid-19 wave 1, the Trust had maintained specialty training of junior doctors in wave 2.</p> <p>The Board of Directors took assurance from the report</p>	
207/20	<p>Workforce Report</p> <p>The Board of Directors' received the report from the Acting Director of Workforce and were asked to note the report.</p> <p>Ms Boyode emphasised some areas from the report, including the staff survey engagement for 2020 at 43%; the cultural programme planned for discussion at a Board of Directors' seminar session in 2020; the challenges associated with prioritising colleagues' health and wellbeing; and, ensuring that all colleagues have adequate support and time to access training.</p> <p>The Board of Directors' noted the report.</p>	DGC
208/20	<p>Quality & Safety Assurance Committee Report</p> <p>The Board of Directors received the report from the Committee Chair, Dr Lee, and were asked to take assurance from the report.</p> <p>From the report, Dr Lee drew the Board of Directors' attention to the challenges faced in supporting staff training with the delivery of the correct assessments in accordance with the Mental Capacity and Deprivations of Liberty legislation; the Trust was not currently achieving full training compliance. Dr Lee wanted the Board of Directors' to be fully aware of the significant impact from Covid-19 on front line staff, both nursing and medical. Dr Jones added that this observation especially applied to the nursing staff on the wards who were at the patient's bedside, providing uninterrupted care every day.</p> <p>The Chair, on behalf of the Board of Directors, acknowledged the exceptional contribution from all colleagues across the Trust in delivering safe care to patients during the challenging Covid-19 pandemic, and asked for this to be formally noted in the minutes.</p>	

	The Board of Directors took assurance from the report.	
209/20	<p>Finance & Performance Assurance Committee Report [M7]</p> <p>The Board of Directors received the report from the Committee Chair, Prof. Purt and were asked to take assurance from the report.</p> <p>Prof. Purt drew the Board of Directors' attention to the work being undertaken to reduce the 52 week breaches in the last quarter, extension of the contract to overcome concerns regarding diagnostics, and the Trust's unsuccessful bid for the ePrescribing funding.</p> <p>The Board of Directors took assurance from the report</p>	
210/20	<p>Audit & Risk Assurance Committee Report [Q2]</p> <p>The Board of Directors received the report from the Committee Chair, Mr Bristlin and were asked to take assurance from the report.</p> <p>Mr Bristlin highlighted from the report some of the key areas, including a Board of Directors' Seminar session to be convened to discuss how changes to the 'value for money' and 'going concern' audit process would be dealt with by the Trust, the feedback received on a review of the Trust's Covid-19 governance processes, the satisfactory review undertaken on the process of disestablishing the Board Assurance committees, and the improvements to the internal audit recommendation tracking with progress made on overdue reports.</p> <p>The Board of Directors took assurance from the report</p>	DGC
For consent (items not discussed as they were recommend for approval elsewhere)		
211/20	<p>Quality Accounts 2019/20</p> <p>The Board of Directors received the report from the Interim Director of Finance and were asked to take assurance from the report.</p> <p>The Board of Directors took assurance from the report.</p>	
Board Governance		
212/20	<p>Amendment to Standing Financial Instructions [SFI]</p> <p>The Board of Directors received the report from the Interim Director of Finance and were asked to approve the report.</p> <p>The Board of Directors approved the report.</p>	

213/20	<p>Any other Business</p> <p>The Chair confirmed that the list of acronyms would be updated following the meeting.</p>	DGC
214/20	<p>Date of next Board of Directors' meeting in public:</p> <p>13:00 on Thursday 7 January 2021</p> <p>Via MS Teams</p>	
Stakeholder engagement		
215/20	<p>No questions were received from the public specifically on matters relating to the previous meeting held on 5 November 2020.</p> <p>The Chair confirmed that public questions relating to the previous meeting and received by the sath.trustboardsecretary@nhs.net 48 hours in advance of the meeting will be responded to, if possible, on the day of the Board of Directors' meeting in Public or on the website within a month, unless there are exceptional circumstances to prevent this.</p> <p>The Chair thanked the public for attending the meeting and wished everyone an enjoyable festive season.</p>	
MEETING CLOSED		1305