



The Shrewsbury & Telford Hospital NHS Trust

Board of Directors' meeting in PUBLIC

Thursday 7 January 2021 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)	
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 D Lee (DL)	Non-Executive Director (NED)	
Mr N Lee (NL)	Chief Operating Officer (COO)	
Prof. T Purt (TP)	Non-Executive Director (NED)	
Dr A Rose (AR)	Medical Director (MD)	
APOLOGIES		
Ms T Boughey (TB)	Non-Executive Director (NED)	
ATTENDEES (non-voting)		
Mr T Allen (TA)	Associate Non-Executive Director (A.NED)	
Ms R Boyode (RB)	Acting Workforce Director (AWD)	
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 P Neil (PN)	Interim Board Secretary (IBS)	Minutes
GUESTS		
Ms J McDonald (JM)	Care Group Director for Families and Women	Item 008/21
Dr M Underwood (MU)	Care Group Medical Director (CGMD)	Item 008/21
Ms N Wenlock (NW)	Director of Midwifery (DM)	Item 008/21 & 010/21
Ms C West (CW)	Chief Transformation Officer UHB (CTO-UHB)	
Mr M Wright (MW)	Programme Director: Maternity Assurance (PDMA)	

No. 2020	ITEM	ACTION
GENERAL BUSINESS		1300
001/21	Welcome and apologies. The Chair welcomed all those present, and observing members of	

	<p>the public attending the meeting via the live stream. Apologies were noted from Non-Executive Director, Ms T Boughey.</p> <p>The Chair thanked all members of the public who attended the previous Board of Directors' meeting in public on 8 December 2020 and provided feedback. It was brought to the attention that the attending members of the Board would be using the digital chat box to indicate that they wished to ask questions.</p>	
002/21	<p>Quorum</p> <p>The Chair declared the meeting quorate.</p>	
003/21	<p>Declarations of conflicts of interest</p> <p>No conflicts of interest were declared that were not already on the register. The Chair reminded members to highlight any interests that may arise during the meeting.</p>	
004/21	<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 subject to minor amendments suggested by AR (Page 4), TP (page 12) and DL (page 14).</p>	
005/21	<p>Matters Arising</p> <p>No other matters were raised which were not already covered in the action log or agenda.</p>	
006/21	<p>Action Log</p> <p>The Board of Directors received the action log and the updates provided.</p> <ol style="list-style-type: none"> 1. 2020/52 – Waiting List Initiatives [WLI] - AR & RB to table a paper at the Board of Directors' meeting on 11/02/21 on the use of Waiting List Initiatives with particular reference to Covid-19. <p>The Board of Directors noted the action log.</p>	
MATERNITY SERVICES AT THE SHREWSBURY & TELFORD HOSPITAL NHS TRUST		
007/21	<p>Statements from the Chair, Chief Executive, Deputy Chair and Medical Director</p> <p>The Chair advised that when the agenda for the meeting was being considered, it had been agreed that the priority would be for the Trust to set out its <i>immediate</i> response to the publication of Donna</p>	

Ockenden's First Report into the Independent Review of Maternity Services at the Trust.

Stating that she had been personally shocked to read about the devastating and traumatic experiences of families described in the Report, the Chair, for and on behalf of the Board of Directors, confirmed that the Trust embraced the Report and all of its recommendations, unreservedly.

Dr McMahon added that the Report had made it quite clear that the Trust had failed to learn from the mistakes which it had made, and that it had failed to listen to concerns which were raised at the time.

On behalf of the whole Trust, the Chair apologised unreservedly to the mothers and families affected by the poor maternity care at the Trust, provided over many years. She advised that it was incumbent upon her to ensure that lessons were now learnt and that the Trust did all that it could to avoid similar failures. Advising that the Trust would be as open and transparent as possible with the families affected, the Chair advised that the Trust was also fully supportive of the ongoing police investigation.

The Chief Executive, Mrs Barnett, acknowledged that the Report had detailed many distressing failures of maternity care at the Trust which had taken place over many years. She recognised that many families had been let down with devastating consequences, for which she said, that she was deeply sorry.

Mrs Barnett acknowledged the significance of the Report for both the Trust and the NHS more widely. She thanked Donna Ockenden and her team for the Report which clearly set out the actions that the Trust would need to take. Mrs Barnett made a commitment, on behalf of the Board of Directors, that all recommendations in the Report would be implemented; that the Trust would be more open and transparent, whilst recognising the confines of the ongoing police investigation; and that the directors would work with the divisions to improve the culture of the Trust, and that this would start with listening to women and families and acting on their concerns in the future.

Mrs Barnett asked the Board to receive and discuss the Report and to review the Trust's maternity assurance systems, processes and governance to ensure they fully supported the challenging work which lay ahead, in a specifically convened Board Seminar before the next Board Meeting.

As Deputy Chair and the Non-Executive Director Maternity Champion, Mr Bristlin reiterated the comments made by both the Chair and the Chief Executive in recognising the pain caused to mothers and their families due to the maternity care services provided by the Trust. He advised that all the members of the

	<p>Board Of Directors acknowledged the need for improvement, accepted the Report in full, and recognised the role of the Non-Executive Directors in ensuring a robust programme of assurance would be put in place.</p> <p>The Trust's Medical Director, Dr Rose, thanked the families who had taken part in the review which had led to the publication of the Report, recognising that this must have caused additional distress for the mothers and families affected. Dr Rose made a commitment that his senior medical team would ensure that all recommendations and actions from the Report were implemented, and that the Trust would listen to women and their families in the future to ensure that mothers and babies in Shropshire received good quality maternity care.</p> <p>The Board of Directors noted the verbal statements from members of the Board as the Chair moved to the next agenda item to talk about the Report specifically and the Trust's immediate response.</p>	
008/21	<p>Ockenden Report: Emerging Findings and Recommendations from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust.</p> <p><i>The Care Group Director for Families and Women, Ms McDonald, the Care Group Medical Director, Dr Underwood, and the Director of Midwifery, Ms Wenlock joined the meeting.</i></p> <p>The Chair opened the meeting to questions from the Directors.</p> <p>In considering in the report provided, Mr Newman enquired where reference was made to the date that each action in the schedule of work (specifically planned and underway) was due to be completed. Mr Wright confirmed that one plan, which would include the action owner, due completion date, and the assurance, in terms of what good would look like, was being created and would be tabled at the February 2021 Board of Directors' meeting in Public.</p> <p>Prof. Purt asked Mr Wright how assurance on improvements being made to maternity services through the governance framework would be communicated to the Board of Directors in the future. Mr Wright informed the board that the paper being tabled in February 2021 would include a revised assurance and governance plan.</p> <p>Dr Lee emphasised that the Report had highlighted significant cultural issues at the Trust. In particular, the manner in which the organisation had reacted to women and their families who were in the Trust's care, and he sought assurance that this would not be lost amongst the governance matters. Ms McDonald, the lead for 'People and Culture', one of five work streams forming part of the Maternity Transformation Programme agreed that culture was a key challenge for the Trust. She advised that a comprehensive</p>	ACTION

plan was being put in place which would feed into the wider cultural assessment being undertaken across the Trust. These would result in leadership team development programmes designed to transform the culture across the whole Trust. Ms Boyode confirmed, in response to a question raised by the Chair, that the Workforce Team were supporting cultural change across the Trust, and most importantly within maternity. This support included work being undertaken by the Trust's Cultural Steering Group, and in collaboration with partnering organisations and wider NHS stakeholders.

Ms Flavell, Director of Nursing, reiterated the comments that had been made by fellow board members, and reported that as a nurse and mother, she had found the Ockenden Report to be a very disturbing and a difficult read, and she apologised for the poor delivery of maternity care at the Trust. She advised that as Director of Nursing, she had certain accountabilities, and confirmed her commitment to implementation of the recommendations in the Report including working regionally with high performing Maternity Units to improve the service provided by the Trust. Ms Flavell responded to a question raised by the Chair, confirming that quality leadership, together with a robust Maternity Transformation Plan, were now in place.

Referring to the issue of accountability mentioned by the Director of Nursing, the Chair sought assurance that the voices of women, families, and other stakeholders would now be heard. Mr Wright explained that a communication and engagement strategy was being incorporated into the Trust's Maternity Improvement Plan and he highlighted that the previous day, a meeting had been held with the Maternity Voices Partnership (comprising predominantly service users) to obtain feedback about Trust plans and whether they felt satisfied or whether more work was needed. Mr Wright also referred to an external expert advisory panel chaired by Dr Bill Kirkup (who had been the lead for the maternity review into Morecombe Bay Trust), had been convened, which would also seek the input of stakeholders.

In response to a question from the Chair, Ms Wenlock confirmed that appropriate support, leadership and challenge was being put in place to drive improvements at pace. Ms McDonald also confirmed, that the new senior maternity team, in post from November 2019, together with Board commitment in terms of resources and personal support, was shaping the future direction of maternity services at the Trust. Dr Underwood echoed the sentiments of his divisional colleagues, and also cited the approaching Innovation and Investment Committee, which he hoped would also support the department by providing financial investment into the service.

Mrs Barnett, in response to a question from the Chair on investment for resources for the teams implementing the necessary

maternity improvements, gave her commitment that investment would be made in resourcing the support and expertise required to ensure all recommendations in the Ockenden Report would be implemented. She also referred to the support provided by NHSIE to support the Trust in delivering the care that was expected. Ms McDonald confirmed that a significant amount of investment had already been made in this area, and that additional requests for further financial investment as referred to by Dr Underwood, were also being made for the Maternity Transformation Programme.

Prof. Deadman asked if the necessary investment would be made to ensure the improvements outlined in the Report were implemented. Ms Wenlock assured the members that equipment and service investment needs in maternity were being reviewed. The Interim Director of Finance confirmed that the Capital Planning Group were meeting the following week to discuss medical equipment and service enhancement needs for both 20/21 and 21/22.

Dr Lee asked if BadgerNet would be brought online promptly as this would support maternity services by capturing timely information. The Interim Director of Finance confirmed that discussions were currently underway with suppliers, the Digital IT Team and the Division to implement BadgerNet in March 2021.

The Chief Operating Officer commented that, as a broader operational organisation, the Trust would support the Maternity Team with the work that was being undertaken under the leadership of Ms Wenlock, Dr Underwood and others. With the support of the Medical Director and Director of Nursing assisting the leadership team, Mr Lee confirmed that there was a huge amount of work being undertaken by others, which included non-clinical services, which would link the assurance processes to the work being undertaken in maternity. He referred to the team approach across the Trust which would support the required improvements in maternity services.

Mr Bristlin emphasised the need for effective governance to be in place to deliver the required change – from ward to board - including robust audit plans, engagement with external groups, risk management, leadership commitment and a governance structure to ensure the change programme is delivered.

In response to a question from Mr Preston, Ms Wenlock confirmed that work was being undertaken to strengthen effective team communication and escalation processes. Dr Underwood, confirmed that the escalation policy had been significantly updated detailing how Consultants were now being involved in all patient care within the department. Funding for six new consultant posts had been secured with three posts already filled and the remaining three posts currently being advertised. The Trust would then have

a consultant in the department at all times night and day – which was a step further than some other Trusts. In addition, he added that due to neonatal care being covered in the Report, the neonatal team would also be expanded, and that the request for additional funding would be going through the IIC next month. With the recruitment of more senior colleagues, Dr Underwood indicated there would be issues of limited space and that these estate challenges would also need to be tackled. Finally, Dr Underwood suggested that the governance structure within the department had not been sufficiently robust for some years.

Ms Milanec, the recently appointed Director of Governance and Communications, responded to a question from the Chair on governance in maternity at the Trust. Ms Milanec suggested that any processes put in place must also be embedded, and that as leaders, our role was to ensure that colleagues understood why revised processes were being put in place, and how we could implement learnings for improvement.

The Chief Executive stated that there was a key role for governance in supporting teams to implement the improvements, and referred to the role of quality evidence, the gathering of data, and comparisons made with other organisations.

Dr Rose responded to a question from the Chair regarding how the Trust would gain external assurance that improvements are being made at the Trust, and suggested that external validation comes from staff recruited from related organisations bringing with them a breadth of knowledge and expertise. Dr Rose confirmed, that the Trust would be happy about sharing experiences and data with any external stakeholder for the purpose of providing independent assurance.

Dr McMahon asked about the relationships the Trust had been building with system partners to ensure external scrutiny or oversight of the work being undertaken with system partners on improvements. The Director of Nursing confirmed that the Clinical Quality Review Meeting (CQRM) was in place, the Maternity Quality Assurance Committee (MQAC) chaired by Ms Flavell and attended by Mr Bristlin (Deputy Chair), the Medical Director and Chief Operating Officer, was also in place. The Chief Nurse of the CCG had also been invited to attend. Mrs Barnett also confirmed that discussions were underway for the Trust to join a larger LMNS.

Dr Lee suggested, that as an outcome of the recent simplification to the Trust's governance assurance structure there was now greater clarity and increasingly more robust assurance.

The Chief Executive said the Board of Directors' that they were being asked to receive and review the Report; to commit to reviewing the Trust's governance and assurance systems and

	<p>processes to ensure they are fit for purpose via a Board of Directors' Seminar before the next Board Meeting; and then to decide if there were any further actions, information or assurance required.</p> <p>Mrs Barnett also confirmed that the Trust was required to submit an updated assessment against the seven immediate and essential actions to the region and the Local Maternity and Neonatal System (LMNS) by the required deadline of 15 January 2021.</p> <p>The Board of Directors were asked to approve submission sign off, on behalf of the Board of Directors, by Tony Bristlin, the NED leading on Maternity Assurance, the Director of Nursing, and the Chief Executive, and Michael Wright, the Programme Director for Maternity Assurance. Mrs Barnett confirmed that the Trust's position against the seven immediate and essential actions would be brought to a future meeting of the Trust's Board of Directors.</p> <p>The Board of Directors AGREED that responsibility to prepare and sign off the submission be given to the NED responsible for Maternity Assurance, the Director of Nursing, and the Chief Executive with support from the Programme Director for Maternity Assurance.</p> <p>The Chair thanked Gill George for the letter that she had only received earlier in the day. The Chair mentioned that there would be a delay in responding, due to the email being automatically deposited into the junk mail box. A response would be prepared and sent to Ms George before the next Board Meeting.</p> <p>The Chair thanked Mr Wright, Ms McDonald, Dr Underwood and Ms Wenlock for their contribution to discussion of the report.</p> <p>The Board of Directors approved the report.</p> <p><i>The Divisional Director for Families and Women, Ms McDonald, the Care Group Medical Director, Dr Underwood left the meeting.</i></p>	ACTION
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STRATEGY & STRATEGIC PLANNING

009/21	<p>Report from the Chief Executive</p> <p>The Board of Directors received the report from the Chief Executive.</p> <p>Mrs Barnett highlighted the key issues in the report.</p> <p>With regard to Covid-19, she highlighted the new lockdown restrictions and an increase in the number of patients in the organisation with Covid-19. However, she also reported that the vaccination programme was now well underway with staff working incredibly hard to vaccinate as many people as possible, to meet</p>	
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	<p>the commitments that had been made by the Government with regard to the priority groups.</p> <p>The Chief Executive reminded those present that the current Covid-19 activity was increasing at the same time as usual winter pressures had emerged, which meant that it was important for the Trust to really focus on the key priorities in the face of these operational challenges to ensure that the needs of the patients were being met.</p> <p>The Board of Directors noted the report.</p>	
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QUALITY OPERATIONAL PERFORMANCE

<p>010/21</p>	<p>Maternity Report</p> <p>The Maternity Report was introduced by the Director of Nursing, and the Board of Directors received the report from the Director of Midwifery, Ms Wenlock.</p> <p>The report included an update on the Maternity Transformation Programme; the CNST Maternity Incentive Scheme with the Midwifery Staffing Report; a report into the use of the Perinatal Mortality Review Tool; and reporting to NHS Resolution Early Notification Scheme.</p> <p>With regard to the Maternity Incentive Scheme (Clinical Negligence Scheme for Trusts) Ms Wenlock highlighted the key areas of focus including;</p> <p><u>Safety Action 2:</u> Maternity Services Data Set. Ms Wenlock confirmed that this action would be achieved as a result of work recently put in place and that implementation of BadgerNet would resolve some of the previously outstanding issues.</p> <p><u>Safety Action 4:</u> Medical Staffing. Ms Wenlock confirmed that this standard would be achieved by the deadline.</p> <p><u>Safety Action 5:</u> Midwifery Staffing. Ms Wenlock confirmed that there is now an increased reporting period from 3 – 6 months of compliance with one-to-one care in labour and supernumerary status of the delivery suite coordinator.</p> <p><u>Safety Action 8:</u> Training element of the CNST. Ms Wenlock suggested, that maintaining anaesthetic cover was at risk with need to release staff from the acute services to complete their training during the pressures arising from COVID-19.</p> <p><u>Safety Action 9:</u> Safety Champions and Midwifery Continuity of Carer. Ms Wenlock confirmed that the requirement to achieve 35% Continuity of Carer by March 2021 (having reduced from 51%) would be challenging to achieve for the Trust due to the pressure of Covid-19. The Trust had to date, achieved only 11% compliance for women on a Continuity of Carer pathway.</p> <p>With regard to the Midwifery Staffing Q2 Report, the Director of Nursing highlighted the key issues and confirmed, that when fill</p>	
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rates for midwifery staffing are not automatically achieved, midwives are moved around the service to ensure care is provided. The midwife to birth ratio during Q2 was between 1-24 and 1-26. Acuity on the delivery suite was 85%. 35 Red flags were recorded during Q2.

Referring to the Perinatal Mortality Review Tool (PMRT) Ms Wenlock highlighted the key issues and confirmed that no neonatal deaths and no late foetal losses had been reported in the last period.

With regard to the Maternity Improvement Plan (MIP) a full review of each action, whilst recorded separately, was currently under review to ensure alignment with the Report.

The Director of Nursing asked, how failure to meet standards (highlighted by 'red flags') were triangulated with potential harms to patients. Ms Wenlock confirmed that all red flags were reviewed to ensure no harm had come to the patient as a result of the red flag; assurance was reviewed twice daily (acuity and red flags) with a focus is on maintaining safety at all times during the day being a priority. For the purpose of assurance and lessons learned, the information was submitted to the Maternity Governance Committee, Divisional Committee and Maternity Quality Assurance Committee (MQAC).

In response to a question from Mr Newman on the MBRRACE-UK Perinatal Mortality Surveillance Report for births 2016-2018, which had been published a month previous, Ms Wenlock confirmed that improvements had been made at the Trust since the report. Ms Wenlock also confirmed that, in line with the national agenda, a response to the report would be tabled at MQAC. Mr Wright confirmed that a detailed analysis of CNST would be undertaken to ensure the Trust was delivering against the required standards.

Prof. Deadman referred to a point raised by Donna Ockenden in her Report, that there had been a large turnover of senior executives at the Trust, and had raised three concerns in response (Appendix 7.) Prof. Deadman suggested that named people be assigned to actions, not role or job profiles, that statements of risk be attributed to actions in the improvement plan, and that independent quality assurance formed part of the plan, possibly including a peer review process.

In response to an additional question from Mr Brown on the maternity dashboard, Ms Wenlock advised that the new dashboard would be launched in line with the implementation of BadgerNet, expected from late March 2021, and subsequently brought to the Board of Directors.

The Board of Directors took assurance from the report.

	<i>Ms Wenlock left the meeting.</i>	
	<i>The Chair adjourned the meeting and suggested that members of the Board take a short break before moving on to the next item.</i> <i>The Board reconvened 10 minutes later.</i>	
011/21	<p>Infection Prevention and Control Report</p> <p>The Board of Directors received the report from the Director of Nursing, Ms Flavell.</p> <p>Ms Flavell confirmed that, information in the report, which had been collated on 21 December 2020, was current as at that date. However, since that date, 22 outbreaks of Covid-19 had occurred across both the Shrewsbury and Telford sites (Page 177).</p> <p>Ms Flavell also confirmed, that a Route Cause Analysis (RCA) was being undertaken for each device related Methicillin-susceptible Staphylococcus aureus (MSSA) episode, as appearing in the report.</p> <p>In response to a question from Dr Rose, Ms Flavell advised that the Trust's metrics (outbreak number/size) compared favourably with regional colleagues challenged by similar outbreaks. Ms Flavell suggested that the Trust's estates added a level of complexity to the management of Covid-19 not necessarily experienced by other Trusts, but that the Trust's management of Covid-19 was in line with national standards and best practice.</p> <p>Ms Boyode expressed the need for everyone to consider the impact on staff and their families' health and wellbeing, mental health, financial security, and the continuing challenges around child care. Ms Boyode assured the members that the workforce team were focused on supporting staff across all areas.</p> <p>The Board of Directors took assurance from the report.</p>	
012/21	<p>Quality Compliance Report</p> <p>The Board of Directors received the report from the Director of Nursing, Ms Flavell.</p> <p>Ms Flavell confirmed the Quality Improvement Programme remained on track as at 21 December 2020, reminding the members that the Trust was transitioning from a transactional to a thematic approach. Safeguarding compliance training was underway; Level 3 training stood at 15% uptake, allowing for the challenges of the Covid-19 challenges. Mr Bristlin challenged the low uptake of the training, with Ms Flavell advising that level 3</p>	

	<p>safeguarding training had to be completed face-to-face which was not ideal, but that other methods of delivery were being looked into.</p> <p>Mr Brown suggested, that a number of off-track actions (Page 219-220) remained. Mr Lee confirmed, that a number of the off-track actions had a variety of 'to be completed by' dates attributed to them.</p> <p>The Board of Directors took assurance from the report.</p>	
013/21	<p>Operational Report</p> <p>The Board of Directors received the report from the Chief Operating Officer, Mr Lee.</p> <p>The Chief Operating Officer provided a summary of the key points in the report including Covid-19 and vaccination programme, and the EU Exit arrangements.</p> <p>With regard to Covid-19, Mr Lee advised that the situation was currently very challenging with 95 inpatients testing positive for the infection, including a number of critical care patients at the Trust. Mr Lee advised that rapid testing was being used to a greater extent now than only three weeks ago (over 60 daily tests compared with 3 or 4 tests daily) and that this meant that the Trust's laboratory teams were now able to focus on A&E and acute assessment areas where earlier identification of the infection was better for the patients, and also from an infection control management perspective. Ms Flavell supported this position and confirmed that more proactive testing was supporting the minimisation of infection rates.</p> <p>Mr Lee suggested that the opening of the new same-day Emergency Care facility over Christmas 2020 at RSH and the opening of a new ward over Christmas at PRH would help avoid congestion at A&E, which could put the public and staff at risk. Mr Lee suggested, that staffing the increased patient capacity in Critical Care at both sites would be challenging moving forwards, due to sickness or Covid-19 related absence.</p> <p>In response to a question from Prof. Deadman, Mr Lee confirmed that the increase in Covid-19 prevalence and the associated wider urgent care demands, had further impacted the Trust's elective programme since his report was collated in mid-December 2020. He advised that whilst the Trust compared favourably with regional partners in handling elective care, a significant impact on elective care was likely in the foreseeable future, notwithstanding a request from NHSI that all Trusts increase their critical care capacity. Mr Lee confirmed that he would ensure that the Board members were updated in a timely manner in between meetings.</p>	

Dr Rose outlined that prior evidence had demonstrated, that infection rates were likely to begin to decrease two weeks after lockdown was implemented but that until then, they would steeply increase. He advised that the Trust's trajectory was currently flatter and slower without any evidence of the new variant, so there would be another 7-10 for the numbers in Intensive Care to reduce and another 7-10 days after that for deaths to decline (5-6 weeks).

Mr Lee confirmed that whilst the Birmingham Nightingale facility was available for the Trust to use, patients transferred to the Nightingale would need to be accompanied by staff, which in-itself posed additional challenges for the already resource-challenged Trust.

With regard to restoration and recovery Mr Lee stressed the Trust had been working hard to maintain activity. The day-case rate was reasonable; inpatients' rate, whilst below the national target, was reflective of the physical capacity of the Trust. Imaging was an area of focus with regional support. Mr Lee suggested, that the ability to sustain any improvements throughout January 2021 would be very challenging.

With regard to Covid-19 vaccinations, Dr Rose thanked Trust colleagues for all their hard work in establishing the vaccination programme. Whilst the Trust was the lead provider for Shropshire, a system response had been put in place. A number of vaccination centres were now up and running with 3000 people each week being vaccinated over a 12 hour / 7 day week period. Dr Rose said they were confident they could meet vaccination targets set by the Government for all care home staff, acute health care staff, those over 80 years of age and, health and social care staff. Dr Rose advised that the vaccination programme was a very large logistical undertaking and that all system partners needed to be focused on releasing staff to assist.

Ms Boyode confirmed, that as a result of the recruitment campaign, over 600 individuals were now on the roster system to support the vaccination programme - 100 staff through the 'bring back' programme; 400 staff through the professional programme; and, 150 Health Care Associates (HCA) had been short listed in early January 2021. Ms Boyode assured the Board that all potential avenues were being explored to provide a robust staff resource in support of the vaccination programme.

With regard to the EU Exit, Mr Lee confirmed, that as at 31 December 2020, agreement on a trade deal between the UK and the EU had been reached, although a risk of disruption remained. Locally, systems were in place to monitor outcomes of the new arrangements, with alerts being circulated for areas of low supply including medicines, equipment and workforce. No issues had been identified to date. It was noted that a piece of work was being

	<p>undertaken nationally by the Department of Health on continuity of medical supplies and medicines, including the Covid-19 vaccination. Currently, the UK had in place (for 2021-2022) reciprocal recognition of qualifications for EU citizens, but no arrangements for UK citizens in the EU.</p> <p>The Board of Directors noted the report.</p>	
Assurance Framework		
014/21	<p>Quality & Safety Assurance Committee Report</p> <p>The Board of Directors received the report from the Committee Chair, Dr Lee.</p> <p>Dr Lee, drew the Board of Directors' attention to the explicit maternity risks and the system risk included in the Board Assurance Framework (BAF) which had been presented to the Committee.</p> <p>The Board of Directors took assurance from the report.</p>	
015/21	<p>Finance & Performance Assurance Committee Report [M7]</p> <p>The Board of Directors received the report from the Committee Chair, Prof. Deadman.</p> <p>The Board of Directors took assurance from the report</p>	
Board Governance		
016/21	<p>Any other Business</p> <p>The Chair explained that Mr Allen and Mr Newman's terms as Associate Non-Executive Directors on the Board of Directors would end on 31 January 2021. On behalf of the Board of Directors, she offered warm appreciation for their invaluable contribution over many years of working with the Trust, and wished them both well for their future endeavours.</p> <p>No further business was raised.</p>	
017/21	<p>Date of next Board of Directors' meeting in public:</p> <p>13:00 on Thursday 11 February 2021, via MS Teams</p>	
Stakeholder engagement		
018/21	<p>The Chair confirmed, that questions received by sath.trustboardsecretary@nhs.net 48 hours in advance of the meeting would 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 were exceptional circumstances to prevent this.</p>	

The Chair confirmed that the following questions had been received from David Sandbach:

1. *How do you rate your performance in respect of the objectives noted below?*

"We want to be open and transparent about the way we do business. We want to ensure local people and groups have the opportunity to ask questions about our work."

Source: <https://www.sath.nhs.uk/about-us/trust-information/questions/>

Ms Milanec accepted that there had been times when the Trust may not have been as transparent as it could have been. The Trust had made a commitment to be more transparent in the future, particularly in response to the findings of Donna Ockenden's First Report into the Independent Review of Maternity Services at the Trust.

Ms Milanec also outlined the various ways in which the public could engage with the Trust including publication of Freedom of Information (FOI) requests on the website.

2. *Why is the Integrated Performance Report being hidden from the public?*

Ms Milanec explained, that a decision had been made that the agenda for the January 2021 meeting, under the circumstances, would focus on the Trust's immediate response to the Ockenden Report published on 10 December 2020. For this reason it was agreed that the IPR report would be published on the website as an information pack, which would allow more time for discussion of the findings of the Report, and the Trust's response. It was confirmed that this had been published on the website in advance of the board meeting.

The Chair also suggested that any questions published on the chat by members of the public would be retrieved from the chat where possible and responses provided. The Chair suggested as an alternative, that any questions could be inserted into an email and forwarded to sath.trustboardsecretary@nhs.net.

The Chair thanked the public for attending the meeting.