



The Shrewsbury & Telford Hospital NHS Trust

Board of Directors' meeting in PUBLIC

Thursday 11 February 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)	
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)	Left c.16:00
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)	
Ms E Wilkins (EW)	Deputy Workforce Director (DWD) – deputising for the Acting Workforce Director	
APOLOGIES		
Ms R Boyode (RB)	Acting Workforce Director (AWD)	
ATTENDEES (non-voting)		
Mrs J Clarke (JC)	Director of Corporate Services (DCS)	
Ms A Milanec (AM)	Director of Governance & Communications	
Mr C Preston (CP)	Interim Director of Strategy & Planning (IDSP)	
Ms P Neil (PN)	Interim Board Secretary (IBS)	Minutes
GUESTS		
Mr M Underwood (MU)	Medical Director, Women and Children (MDWC)	Item 030/21 & 31/21
Ms N Wenlock (NW)	Director of Midwifery (DM)	Item 030/21
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
019/21	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 7 January 2021 and provided feedback. It was brought to the attention of the public that the attending members of the Board would be using the digital chat box to indicate when they wished to ask a question.</p>	
020/21	<p>Quorum</p> <p>The Chair declared the meeting quorate.</p>	
021/21	<p>Declarations of conflicts of Interest</p> <p>No conflicts of interest were declared not already declared on the register. The Chair reminded members of the need to highlight any interests which may arise during the meeting.</p>	
022/21	<p>Minutes of the previous meeting.</p> <p>The minutes of the meeting held on 7 January 2021 were approved by the Board of Directors as an accurate record subject to amendments suggested by Mr Wright (Page 13).</p>	
023/21	<p>Matters Arising</p> <p>No other matters were raised which were not already covered in the action log or agenda.</p>	
024/21	<p>Action Log</p> <p>The Board of Directors received the action log and the updates provided.</p> <p>The Board of Directors noted the action log.</p>	
STRATEGY & STRATEGIC PLANNING		
025/21	<p>Report from the Chair</p> <p>The Board of Directors received the verbal report from the Chair, Dr McMahon.</p> <p>Dr McMahon confirmed that since complying with lockdown restrictions from mid-December 2020, she had walked around the hospital for the first time today, before the Board of Directors' meeting and spoken with staff.</p> <p>The Chair thanked all colleagues for their hard work caring for patients in the Trust's facilities, ensuring that they were safe and well</p>	

	<p>cared for. The Chair also thanked redeployed staff from stakeholder organisations (Robert Jones, ShropCom and the system) for their willingness to support colleagues at the Trust's facilities and also all those who had made a significant contribution as volunteers.</p> <p>The Board of Directors noted the verbal report.</p>	
026/21	<p>Report from the Chief Executive</p> <p>The Board of Directors received the verbal report from the Chief Executive, Mrs Barnett.</p> <p>Mrs Barnett highlighted a number of key points expected to be covered in more detail throughout the meeting. She reminded the Board that it had been nearly 12 months since the first Covid-19 admission and she highlighted that the Trust continued to care for a high number of Covid-19 patients on the wards and in critical care. Mrs Barnett reiterated the Chair's thanks to everyone supporting the Trust – volunteers, colleagues from other organisations, and Trust colleagues who had been redeployed. The vaccination programme continued to meet the targets set, the Board noted.</p> <p>Mrs Barnett advised that the Trust was focused on improving the quality of care in line with feedback from the community, service users, the CQC, and other regulators. She confirmed that the Trust was resolute on improving the areas identified and that the 'Getting to Good' Plan was critical in this regard and provided essential oversight and monitoring of the required standards and milestones. Furthermore, the established quality improvement alliance with University Hospitals Birmingham NHS Foundation Trust (UHB) provided external assurance on the delivery of quality outcomes through the Plan. Mrs Barnett also advised that the Trust had formed a Maternity Improvement Partnership with the Sherwood Forest Hospitals NHS Foundation Trust (SFH) who would also support the Trust in improving maternity services.</p> <p>The Board of Directors noted the verbal report</p>	
027/21	<p>Public Participation Report [Q3]</p> <p>The Board of Directors received the report from the Director of Corporate Services, Ms Clarke, and were asked to note the report.</p> <p>Ms Clarke highlighted a number of key points including the community engagement meetings held in February 2021. And in particular, the outcomes from staff engagement and their relevance to community engagement work being undertaken. She advised that diversity discussion had taken place on the Trust's 'Twitter hour' with staff from the Workforce and Social Inclusion team. Ms Clarke confirmed that the Health Volunteers joined the Trust in January 2021</p>	

	<p>to support colleagues. The Trust's Charity was undertaking work to improve the indoor and external environment for staff taking breaks.</p> <p>On behalf of the Trust, Ms Clarke also paid tribute to the work of the NHS charity fundraiser, Captain Sir Tom Moore, who had recently passed away.</p> <p>In response to a question raised by the Chair, Ms Clarke confirmed that the Trust now had a Social Inclusion Engagement Lead, who was undertaking a gap analysis to ensure that the engagement work being undertaken with the local communities was sufficiently inclusive.</p> <p>In response to a question raised by the Chief Executive about the Trust's failure to listen to, and act on feedback from local communities at critical times, Ms Clarke confirmed that she had been working closely with the Medical Director and the Director of Nursing to identify any potential areas where improvements regarding engagement could be made.</p> <p>The Board of Directors noted the report.</p>	
028/21	<p>HSLI Provider Digitisation Programme</p> <p>The Board of Directors received the report from the Interim Director of Finance, Mr Drury, for information.</p> <p>Mr Drury mentioned that the MoU for the Health System Lead Investment (HSLI) programme was the third and final year of the funding programme and that it related to EPR readiness and development of the Trust's new data warehouse (£1.4m split between revenue and capital). The report outlined the engagement terms that the Trust had entered into for the funding.</p> <p>Prof. Deadman asked if the Trust was on-track with the project, and whether outcomes and benefits would be reported in the future. Mr Drury confirmed the work had been undertaken throughout the year and that a report would be submitted to a Board of Directors' meeting in the near future.</p> <p>In response to a question from Ms Bristlin, Mr Drury confirmed, that the HSLI programme was reported to the Capital Planning Group through to the Finance & Performance Assurance Committee as part of the Trust's capital spend. Benefits' realisation for the project would be reported to the Board of Directors when the work had been completed.</p> <p>The Board of Directors received the report.</p>	
QUALITY OPERATIONAL PERFORMANCE		
029/21	Integrated Performance Report [M9]	

The Board of Directors received the report from the Interim Director of Strategy & Planning, Mr Preston and were asked to note the report.

Mrs Barnett directed colleagues to discuss the 'Never Event' and the Trust's increasing waiting list.

Dr Rose outline the recent Never Event at the Trust whereby a nasogastric tube (NG) had been inserted into a patient, and an X-ray taken to confirm placement, as per guidelines. Details of the placement had been entered into the notes, checks were made and feeding commenced. However, the NG tube was later found to have either migrated or to have been incorrectly inserted, with liquid food entering the pleural cavity. An independent Serious Investigation had been launched. Ms Flavell confirmed that immediate actions were implemented and that the Trust was drawing on UHB expertise in support.

Prof. Deadman suggested that the IPR was silent on a forward look and that ideally, it should be managing the future as well as reporting the past. Prof. Deadman asked when forecasting would be included. Mr Preston confirmed that reasonable forecast scenarios were currently being developed with the anticipation that from March 2021 this information would be submitted to the Board of Directors' meetings for the core targets in the IPR.

Mr Brown mentioned complaints (Page 80) and the Trust's track record on responding within 30 days from receipt (48%), highlighting a current backlog of unanswered complaints at c.200. Ms Flavell confirmed a close working relationship existed between the DCS, DG and the Deputy DN to ensure prompt sign-off of responses. Ms Flavell also confirmed the appointment of an Interim Head of Patient Experience who will be tasked with reviewing the complaints' process.

Prof. Purt requested that thought be given to the options that the Trust had for reducing the waiting list as quickly as possible, and for prioritising elements of the waiting list and deteriorating patients. Mr Lee confirmed that various options for resolving the waiting list challenges were being considered, including an extension to mobile imaging, and working with the CCG and NHSI to secure options at a sector and national level. NHSI were considering extending some of the schemes put in place during the pandemic, including the central management of mobile imaging in some areas. Clinicians, across a number of specialties, were focused on reducing waiting lists internally and with the system.

In response to a question from Dr Lee on the involvement of the Ethics Committee in waiting list decision making, Dr Rose confirmed that whilst the Trust had continued to maintain appropriate resources in the form of beds, oxygen and ventilators during both waves of the pandemic, an assurance process had nevertheless been put in place by the Medical Director and the Chair of the Ethics Committee to

	<p>ensure that should the position have changed, appropriate measures were in place. In addition, clinicians across specialties, familiar with ethical decision making, had daily involvement in the recovery process to ensure urgency was graded correctly. Dr Rose also confirmed that national guidance was in place for priority groups but suggested that these groups were very broad. Conversations between specialties remained integral to the decision making process for prioritising the care for patients.</p> <p>Mr Bristlin asked if thought had been given to the inclusion of maternity indicators in the IPR, and also, what work was being undertaken to embed the CQC actions. The Chair suggested, that the answer to both of Mr Bristlin’s questions would lie in the next two agenda items, Response to the Ockenden Report and the Maternity Report. Mr Preston did however, confirm that conversations were underway to more closely link reporting on all maternity matters to the IPR in the future.</p> <p>Mr Brown asked what progress was being made to maintain clinical training for doctors and to ensure they were exam ready (late 2021). Dr Rose confirmed that whilst the Trust was working closely with NHSE, HEE (Health Education England) and the relevant training bodies to find a solution, it was likely that examination preparations would be disrupted and clinical assessments via the training bodies, delayed. Notwithstanding, feedback from trainee doctors at the Trust had been good.</p> <p>Mrs Barnett sought confirmation about the extent to which the circumstances surrounding incidents (tissue viability – pressure ulcer grade 3 or 4, falls with harm, C.Diff, MRSA, etc.) were fully understood, with a view to improving patient outcomes and safety. Ms Flavell confirmed that NIQAM (Nursing Incident Quality Assurance Meeting) was convened in September 2020 (two weekly meetings) and that the root cause of each incident was discussed and outcomes shared. Attendees included the Head of Nursing, MDT Matrons, Governance Teams, Patient Safety Team, and Clinical Teams. Investigation outcomes were shared with CCG, Specialty Clinical Teams, patients and their families.</p> <p>Ms Boughey drew the members’ attention to the inclusion in the IPR of workforce metrics, suggesting that people restoration should form an integral part of discussions about service restoration. Ms Boughey asked if staff were accessing support being offered to them and in what way was the support offered beneficial to them. Mr Preston mentioned that, whilst complex, work was underway on integrating Workforce into the IPR, including staff health and wellbeing.</p> <p>The Board of Directors noted the report.</p>	
030/21	Response to the Ockenden Report	

The Board of Directors received the report from the Director of Nursing, Ms Flavell, and were asked to approve the report.

Ms Flavell highlighted key aspects of the report, the first full version of the Trust's Ockenden Report Action Plan. The action plan included 52 actions of which 27 were local actions for learning (LAFL) and 25 were immediate and essential actions (IAE) each of which broke down into themes. It was noted that all actions had been cross referenced against the Maternity Action Plan (MAP) and the Maternity Improvement Plan (MIP). Ms Flavell confirmed, that the RAG (red, amber, green) system was interpreted as:

- red – not delivered;
- amber – delivered but not evidenced; and
- green - delivery assured and evidence provided.

It was reported that all IAE actions were reported against by 15 January 2021, and in February 2021, a Board of Directors' Seminar Session was held to discuss governance arrangements for delivery of the Ockenden Report Action Plan with the acknowledgement that things had to be different this time.

Mrs Barnett reported on the outcomes from the Board of Directors' Seminar Session held in February 2021 stressing that the Trust needed to put in place transparent and robust measures for ensuring it was implementing all the required actions in the Ockenden Report; improving the experience and care for the local population, and listening to women, families and the community. Mrs Barnett confirmed that an assurance committee would be convened to deal with actions from the Ockenden Report. The committee would be Chaired externally, held in public and attended by Trust NEDs, Executive Directors and other groups.

In supporting Mrs Barnett's comments, Ms Milanec reported on the governance arrangements being proposed for reporting on actions from the Ockenden Report. The new committee would be open, transparent and independent in its reporting function and would include community engagement. The details would be advised when available.

Dr Lee suggested, that thought be given as to how any confusion emerging between the various committees and their functions could be avoided. Historically confusion had arisen between the function of the Quality & Safety Assurance Committee (QSAC) and Maternity Quality Oversight Committee (MQOC). Terms of Reference should be rigorous and the relationship between each committee clear, he said.

Prof. Deadman asked, what oversight had been put in place to ensure completed Ockenden Report actions had been embedded and what was the Trust doing to track the culture throughout the period of change. Ms Flavell assured the members that a review process for

	<p>embedding actions would be implemented and regularly audited. Ms Wenlock confirmed that an Audit Midwife was being recruited. Ms Wenlock confirmed that a culture workstream had been put in place and that a local university was carrying out a piece of work to elicit the opinion of patients and community on their experience within the service.</p> <p>Dr Rose as a Maternity Safety Champion, together with Mr Bristlin (NED), reported on recent visits to the Maternity Department, including 1-2-1 discussions with front line staff about staff and patient safety.</p> <p>The Chair queried what work had being undertaken to capture the voices of bereaved fathers and men, to ensure that they too were properly supported. Ms Wenlock confirmed that feedback was being gathered from the whole family unit including partners, fathers, grandparents, siblings and others as a means to identifying the support which could be offered.</p> <p>Mr Wright advised, that work was underway with each Ockenden Report action owner to determine ‘what good would look like’. Mr Wright suggested that it wold be the responsibility of the Board of Directors’ to determine, for each action, whether the evidence being presented demonstrated that the action had been delivered.</p> <p>Mrs Barnett confirmed that substantial work would be undertaken on community engagement including engagement with the families involved in the Ockenden Review. This work would include drawing on external advice and family liaison to build a comprehensive engagement plan for service improvement.</p> <p>Mrs Barnett referred to the delegated authority already in place to sign-off the submission for 15 February 2021. However, she sought support from the Board of Directors’ to secure an external Chair for the new committee and approval to implement the new committee. The Board of Directors approved recruitment of an external Chair for the committee and establishment of the new committee as proposed.</p>	
031/21	<p>Maternity Report</p> <p>The Board of Directors received the report from the Director of Midwifery, Ms Wenlock and were asked to approve.</p> <p>Ms Wenlock highlighted key aspects in the report which included the CNST Maternity Incentive Scheme, the Midwifery Staffing Report, and the PMRT / NHR Early Notification Scheme which formed part of the CNST submission.</p> <p>Ms Wenlock confirmed that 128 CNST actions were due to be completed, evidenced, approved by the Board of Directors and</p>	

submitted by 15 July 2021. It had been suggested that a dedicated group be convened to provide oversight for completion these actions.

The Chair asked, if the timetable for recruiting additional maternity staff was optimal. Ms Wenlock suggested that the deficit in current staffing levels primarily related to specialist and managerial roles. The current metrics indicated that whilst the staffing levels at the Trust were safe, implementing the improvements would progressively create a demand for more staff. Dr Rose suggested the timetable was realistic with NHS locums being used to populate the remaining 24/7 slots whilst recruitment was underway for three additional permanent obstetricians/gynaecologists. The expectation was, that all substantive posts would be filled by August 2021.

In response to a question from Mr Bristlin, Mr Underwood confirmed that one obstetrics anaesthetist had been recruited with a start date in August 2021 and that funding had been approved for an additional obstetrics anaesthetist later in 2021. The Trust was compliant with a majority of the Royal College of Anaesthetist's standards for obstetrics anaesthetic cover and by the autumn the Trust should be fully compliant with the current funding secured.

Mr Wright asked how confident was the Division that all safety actions would be delivered by July 2021 with good evidence and, was there any risks that the Board of Directors should be advised of now, which might hinder the progress. Ms Wenlock suggested the Board of Directors should be aware of Safety Action 8 – training and Safety Action 9 – evidencing the early interventions for Board Level Safety Champions. Mr Wright advised the Board that a copy of the Check List which the Board of Directors were responsible for signing off by July 2021 had been included in the bundle of papers for the meeting.

Ms Milanec advised that time had also been set aside in each of the monthly board seminars between March and July in order for the Board to consider the evidence in more detail. The Chair suggested that Sherwood Forest Hospitals NHS Foundation Trust (SFH) could also be asked to peer review the check list before submission.

Mrs Barnett suggested that in order for the Trust to be transparent the submission, whilst it may be scrutinised in detail at other forums in private, it should continue to form part of the Board of Directors' meetings in Public.

Ms Wenlock, in response to a question from Mrs Barnett, mentioned that a Safety Action Lead had been appointed from within the service and each lead was required to liaise with relevant groups to ensure that as part of implementing the action, cultural change was being embedded in the Trust.

The Board of Directors approved the report.

	<i>Ms Wenlock and Mr Underwood left the meeting</i>	
032/21	<p>Infection Prevention and Control</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 highlighted key aspects of the report.</p> <p>She advised that the Trust continued to have no MRSA Bacteraemia (since May 2019) and was below trajectory for C.Diff (Clostridium Difficile). Three MSSA Bacteraemia had been reported and the Trust had experienced periods of increased outbreaks for BRE, C.Diff and MRSA; all were being reviewed.</p> <p>It was noted that the Trust had experienced 48 Covid-19 outbreaks since October 2020, 23 of which had been investigated and closed, with 17 remaining open. Management of outbreaks followed the national guidance.</p> <p>Ms Flavell suggested that the way data was displayed had evolved with data sets now shared across the region. The CCG and NHSE/I had conducted assurance visits at the Trust and an action plan, supported by estates and facilities, was being implemented.</p> <p>The Board of Directors took assurance from the report.</p>	
033/21	<p>Workforce Report</p> <p>The Board of Directors received the report from the Deputy Acting Workforce Director, Ms Wilkins and were asked to note the report.</p> <p>Ms Wilkins highlighted the key aspects of the report including high sickness absence rates and she mentioned that a range of activities were in place to support staff health and wellbeing with the relaunch in February 2021 of the self-healthcare package and Wellness Wednesdays.</p> <p>Redeployment had been enthusiastically embraced by staff across the system and the Trust's clinical teams. Collaboration had been well supported by all Trust colleagues, and 1000 staff contributed to the Making a Difference engagement platform which closed in early February 2021.</p> <p>Dr Rose drew the attention of the Board of Directors to the successful recruitment by the Workforce Team of medical staff at the Trust, notwithstanding the difficult specialties included in the recruitment programme. The Chair asked if a similar success story was evident in the recruitment of specialist nursing staff – midwives and theatre staff. Ms Wilkins reported the vacancy gap continued to reduce across nursing staff, including recruitment of international nurses (212</p>	

	<p>recruited to date), degree apprentice schemes, paid placements, trainee nurses and senior leadership nursing staff.</p> <p>In response to a question from Mr Preston, Ms Wilkins confirmed that work being undertaken by the Trust with external partners to deliver the Leadership Development Programme would begin in March 2021.</p> <p>Ms Boughey asked what was being done to ensure the Trust was 100% compliant with the Covid-19 risk assessment. Ms Wilkins confirmed that the risk assessment was now embedded in the recruitment process, with new staff completing an updated version of the assessment when joining the Trust.</p> <p>The Board of Directors' noted the report.</p> <p><i>Prof. Deadman left the meeting.</i></p>	
034/21	<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> <p>Mr Lee mentioned that since submitting the IPR, there had been a significant increase in Covid-19 levels and the use of critical care. The Trust was working closely with the Nuffield Hospital to increase patient capacity. Mr Lee drew the Boards' attention to the key areas of focus (Page 218).</p> <p>Recovery through autumn 2020 had been challenging, it was noted, with an increase through December 2020 / January 2021. The impact on the waiting lists (diagnostics – admitted or non-admitted and cancer patients) had been significant and services continued to be prioritised with some routine services stepped down in January 2021. Clinical prioritisation continued on a routine basis.</p> <p>Work was underway both regionally and nationally to understand capacity for 2021/22.</p> <p>The Board of Directors noted the report.</p>	
Assurance Framework		
035/21	<p>Freedom to Speak up Guardian Report [Q3]</p> <p>The Board of Directors received the report from the Freedom to Speak Up (FTSU) Guardian, Ms Turner, and were asked to note the report.</p> <p>Dr Rose introduced and welcomed the new FTSU Guardian to the Trust. Ms Turner had a team of two associates and a number of Freedom to Speak Up Ambassadors across the Trust, it was noted.</p>	

	<p>Ms Turner highlighted the key aspects of the now quarterly report including changes to the report's format in line with NHSE/I guidelines. In Quarter 3, 224 concerns had been raised, an increase of 235% on 2019. The issues related to concerns over Covid-19, increased visibility of the FTSU Team, Patient Safety – nursing acuity, staff safety, staff well-being, leadership, management and restoration of services, working from home, behaviours and relationships, and policies. Ms Turner confirmed that 26 cases remained open since the report was submitted at the end of January 2021. Concerns escalated were now being reliably actioned and outcomes reported back to staff. Ms Turner, a member of the Cultural Steering Group 'Making a Difference Together', confirmed that the FTSU Team had collaborated with other teams (Nursing, HR, etc.) on cultural change, sharing relevant and appropriately anonymised data.</p> <p>Dr Rose supported the Business Case proposed by Ms Turner, for two WTE Band 6 posts on a 2 year fixed term contract and a FTSU database, suggesting that it would elevate FTSU at the Trust to a professional level.</p> <p>Mrs Barnett endorsed the report's key points.</p> <p>The Board of Directors noted the report.</p> <p><i>Helen Turner left the meeting.</i></p>	
036/21	<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>Dr Lee highlighted key aspects of the report including confirmation that the meeting held in February 2021 was in fact the January 2021 meeting deferred due to system pressure at the time. Level 3 Safeguarding training remained a significant issue it was noted. Dr Lee suggested that staff needed time to take necessary training in order for the Trust to be compliant.</p> <p>The Board of Directors took assurance from the report.</p>	
037/21	<p>Finance & Performance Assurance Committee Report [M7]</p> <p>The Board of Directors received the report from Prof. Purt and were asked to take assurance from the report.</p> <p>Prof. Purt highlighted key aspects of the report including the need to prioritise waiting lists for restored services.</p> <p>The Board of Directors took assurance from the report</p>	
Board Governance		

038/21	<p>Review of Board Committee Membership</p> <p>The Board of Directors received the report from the Chair, Dr McMahon.</p> <p>The Chair introduced a proposed revised committee membership, following NED consultation. The revised membership ensures each NED plays a key role in the Trust’s assurance processes and that each committee had a minimum of three NED members.</p> <p>The Board of Directors approved the report.</p>	
039/21	<p>Any other Business</p> <p>No further business was raised.</p>	
040/21	<p>Date of next Board of Directors’ meeting in public:</p> <p>13:00 on Thursday 11 March 2021</p> <p>Via MS Teams</p>	
Stakeholder engagement		
041/21	<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> <p>The Chair confirmed that the following questions had been received from David Sandbach:</p> <p>Hospital Transformation Plan.</p> <ol style="list-style-type: none"> 1. What does the term “reset” refer to? <p><i>The programme ‘reset’ involves updating forward plans and milestones (building from our current position), incorporating required actions to improve programme delivery performance and ensuring full alignment with ICS long term plans.</i></p> <ol style="list-style-type: none"> 2. When will the Board be in a position to publish the Statement of Case supporting the Hospital Transformation Plan? <p><i>Timelines for approval (and then publishing) of the SOC will be determined as part of the programme reset.</i></p> <ol style="list-style-type: none"> 3. Can you please confirm the model of hospital service provided by SaTH, as per the consultation document and subsequent decisions to have RSH as the emergency hospital and PRH as 	

the planned & diagnostic remain as per the consultation document?

The model of hospital service remains as per the consultation document.

4. £ 6,000,000 had been agreed in principle by NHSE/I to support the initial phase of the HTP planning process. Had this money been released to the Trust?

No funds have as yet been released to the Trust.

Maternity

5. There were circa six committees which have some oversight responsibilities for Maternity service. This looks like a complex command, control, co-ordination and communications system. Was any individual on all of these committees as a mechanism for continuity of input and detailed understanding of what was going on and integrity of the whole process

Hayley Flavell DoN is the Responsible Executive and is the Chair of MQOC, the extraordinary oversight meeting which reports directly to QSAC at which HF also attends

6. There appears to be two dates for the implementation of BadgerNet March 2021 and October 2021 when will BadgerNet be implemented?

The Badgernet implementation was originally set for May 2021, however, it is now proposed to implement the system from March 2021. The date of October 2021 relates to the proposed EPR implementation date.

7. Would the Maternity plan be enhanced and more comprehensive if it had details of the IT facilities needed to support it were made explicit in the plan.

The implementation of Badgernet Maternity and Neonatal EPR is the system required to support the delivery of the plan.

8. Does the SaTH Board expect their EMBBRACE data to improve as a result of the actions being taken post feedback in the Ockenden report?

The service continues to implement and monitor the impact of many national initiatives which will lead to a reduction in the rates of avoidable stillbirth and neonatal deaths. The 2018

report showed a reduction in extended perinatal death rate (EPDR) and we have observed a continued downward trend in the crude EPDR but the service does not have comparative unit data to enable definitive comparison with MBRRACE.

The Chair suggested that any questions published on the chat by members of the public would be retrieved from the chat where possible and responded to. 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.

MEETING CLOSED

1600

DRAFT