



The Shrewsbury & Telford Hospital NHS Trust

Board of Directors' meeting in PUBLIC

Thursday 11 March 2021 via MS Teams (and live streamed to a public audience).

Minutes

NAME	TITLE	ITEM
MEMBERS (voting)		
Dr C McMahon	Chair	
Mrs L Barnett	Chief Executive	
Mrs T Boughey	Non-Executive Director	
Mr A Bristlin	Non-Executive Director	
Mr D Brown	Non-Executive Director	
Prof. C Deadman	Non-Executive Director	
Mr J Drury	Interim Finance Director	
Mrs H Flavell	Director of Nursing	
Dr D Lee	Non-Executive Director	
Mr N Lee	Chief Operating Officer	
Prof. T Purt	Non-Executive Director	
Dr A Rose	Medical Director	
ATTENDEES (non-voting)		
Mrs J Clarke	Director of Corporate Services	
Ms A Milanec	Director of Governance & Communications	
Mr C Preston	Interim Director of Strategy & Planning	
Ms P Neil	Interim Board Secretary	Minutes
APOLOGIES		
Ms C West	Improvement Director	
GUESTS		
Ms Janine McDonnell	Divisional Director Women & Children	Item 056 & 057
Mr M Underwood	Medical Director, Women & Children	Item 056 & 057
Ms H Troalen	Finance Director (Designate)	
Mr M Wright	Programme Director: Maternity Assurance	

No. 2020	ITEM	ACTION
GENERAL BUSINESS		1300
042/21	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. The Chair introduced Ms Troalen, the new Director of Finance (Designate), attending the meeting as an observer. Ms Troalen is due to commence work at the Trust, as the Director of Finance and a voting member of the Board of Directors, on 1 April 2021.	

	<p>The Chair thanked all members of the public who attended the previous Board of Directors' meeting in public on 11 February 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>	
043/21	<p>Patient Story</p> <p>The Board of Directors received the report from the Director of Nursing and noted the accompanying video published on the Trust's website.</p>	
044/21	<p>Quorum</p> <p>The Chair declared the meeting quorate.</p>	
045/21	<p>Declarations of conflicts of Interest</p> <p>Mrs Boughey provided a verbal declaration of conflicts of interest.</p> <p>No further conflicts of interest were declared that were not already declared on the register. The Chair reminded members of the need to highlight any interests which may arise during the meeting.</p> <p><i>Post meeting note – Dr Rose provided a written declaration of conflicts of interest after the meeting which he had highlighted during the meeting. The interest declared had no bearing on the items discussed at the Board Meeting.</i></p>	
046/21	<p>Minutes of the previous meeting.</p> <p>The minutes of the meeting held on 11 February 2021 were approved by the Board of Directors as an accurate record, subject to amendments suggested by Dr Lee (Page 6).</p>	
047/21	<p>Matters Arising</p> <p>No other matters were raised which were not already covered in the action log or agenda.</p>	
048/21	<p>Action Log</p> <p>There were no open actions.</p>	
STRATEGY & STRATEGIC PLANNING		
049/21	<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, whilst complying with all relevant Covid-19 restrictions, she had walked around the hospital and spoken personally with staff about, inter alia, their current work-life balance including travel, during the pandemic.</p> <p>The Board of Directors noted the verbal report.</p>	
050/21	<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 echoed the Chair's verbal report and expressed concern for the tragic loss from Covid-19 of 500 people in the local community. The Trust's peak for patients suffering from Covid-19 occurred in early February 2021 (170) and was in a much better position now with 30 Covid-19 inpatients.</p> <p>Mrs Barnett thanked all redeployed staff for their dedication and confirmed the vaccination programme was working at pace to the national guidelines received.</p> <p>The Trust was also very mindful of the high number of patients on the waiting lists as an outcome of the pandemic. The organisation continued to manage serious safety and quality concerns and the associated challenges with driving the quality improvement and cultural change required, including the Trust's response to the Ockenden Review.</p> <p>The Board of Directors noted the verbal report</p>	
051/21	<p>Quality Improvement Strategy</p> <p>The Board of Directors received the report from the Director of Nursing, Mrs Flavell, and were asked to approve the report.</p> <p>Mrs Flavell confirmed that the Quality Improvement Strategy was fundamental to the Trust's delivery of high quality care to patients. The Strategy, which had undergone a consultation process with all staff, included known areas of risk, and themes from the regulatory compliance workstream and the NHS Patient Safety Strategy. The strategy had been structured on key elements; safe-care, clinically effective care, positive patient experiences, plus the following quality sub-areas - learning from events, deteriorating patients, falls, best clinical outcomes, 'right care, right place, right time', care of vulnerable patients, and end of life care. Mrs Flavell mentioned that operationalisation of the Strategy is an important element.</p> <p>The Strategy had previously been submitted to the Quality Operational Committee in February 2021 and will be submitted to the Quality & Safety Assurance Committee (QSAC) in March 2021. An</p>	

	<p>operational plan including benchmarking, timelines and objectives will be provided for the Board of Directors' meeting in May 2021.</p> <p>Dr Lee confirmed that QSAC had discussed inclusion of measurable outcomes and lead executive accountability for specific areas in the Strategy going forward. Dr Lee suggested that a modification to the wording as a means of highlighting the strong commitment that the Trust had to the delivery of quality and safety generally in the system and that a link be made between the quality strategy and the digital strategy.</p> <p>Prof. Deadman suggested, that whilst the Strategy appeared hospital centric (activities internal to the hospital, etc.), a challenge for some time to come will be managing hidden elective backlogs where patients were not on a waiting list because they had not presented themselves to the Trust. Mr Lee confirmed that whilst the waiting list backlogs would not be reduced as quickly as the Trust would like, work was being undertaken to understand the capacity and demand for current services. Mr Lee also confirmed that work had been undertaken with the system (community, STP, Primary Care) to identify risk and to manage clinical prioritisation and harm, or potential harm.</p> <p>Mrs Clarke confirmed that the Quality Improvement Strategy had been well received by Healthwatch who could, in the future, provide effective external public assurance.</p> <p>The Board of Directors approved the Strategy.</p>	
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Operational Planning & Reporting

052/21	<p>Integrated Performance Report [M10] including Getting to Good Report</p> <p>The Board of Directors received the report from the Chief Executive, Mrs Barnett, and were asked to take assurance from the report.</p> <p>Mrs Barnett highlighted the key role the report plays in providing information as to outcome measures designed to assess the Trust's progress on safety, clinical effectiveness and patient experience.</p> <p>The report included mental health in adults and children.</p> <p>Mrs Barnett confirmed that the CQC had undertaken a short visit to the Trust on 24th February looking at the care provided relating to paediatric mental health.</p> <p>Quality</p> <p>Mrs Flavell suggested there had been an increase in falls, similar to the increase experienced in the first wave of Covid-19, and that they had been managed in line with the requirements of the Trust's Falls</p>	
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Strategy. None of the falls resulted significant harm in the reporting period. There had been six serious incidents reported in January 2021, all of which were being investigated. Mrs Flavell also reported that there had been some 'same sex accommodation' breaches due to estate confines, the need to separate Covid-19 cohorts and as a result of the complexity of managing Covid-19 contacts.

Dr McMahon suggested that the demography of falls patients during the pandemic had appeared to have changed, with more young people either collapsing or falling, apparently, as a result of being infected with Covid-19. Mrs Flavell confirmed that University Hospitals Birmingham – with which she was familiar – had also seen more young people falling due to Covid-19 than in the first wave. A deep dive into falls would be submitted to QSAC in March 2021.

Mr Brown mentioned that the report outlined an improvement in pressure ulcers down to 151 for the YE 2021 against 189 for the YE 2020 (Page 49) and asked what the cost was to the Trust for management of pressure ulcers. Mr Drury confirmed that the Trust did not readily keep this information.

Mr Brown highlighted that the Trust performance of the management of complaints in a timely manner, was down to 43% (Page 59). Mrs Flavell confirmed that a deep dive into complaints would be submitted to the Quality Operational Committee in March 2021 Mrs Flavell mentioned that she was encouraging senior managers to speak directly with patients and families who raise a complaint, about their experience. In this way, they can offer remedy immediately where relevant, and help achieve a more positive experience and complaint outcome. The Trust will also be participating in a pilot scheme for a new national complaints framework.

Prof. Purt highlighted that the number of 'off track' actions, from the CQC Quality Improvement Plan, currently at 8, were increasing. Mr Lee confirmed that the off-track items would have been addressed more quickly with the implementation of a digital programme and that mitigations were in place for each off-track item.

Mrs Flavell confirmed that a CQC visit, with a particular focus on the mental health conditions of children and young people, occurred on 24 February 2021. The visit had identified some areas to be improved, with a Health & Social Care Act, Section 31 Notice being served on the Trust – but it would also affect the way in which paediatric mental health would be provided across the locality and would require close work with health and social care partners. A condition of the notice was that the Trust must not admit patients under the age of 18 years of age who present with acute mental health needs but do not have any physical health needs requiring inpatient assessment or treatment. The Trust is required to provide an effective system to identify where all under 18 year olds are located at the Trust. This process is now in place. Appropriate oversight of care

of under 18 year old patients must be provided by suitably competent staff and must include continuous oversight by a registered health nurse and regular oversight by a child and adolescent psychiatrist for those admitted with acute mental health needs, learning disabilities and challenging behaviours.

In response to a question from Mr Brown, Mrs Flavell confirmed that bank staff are included in the Trust's mental health training and agency staff are recruited on a 'fit for purpose' basis.

Mrs Barnett reported that the Trust takes the CQC Notice very seriously and that the Trust had been working hard with system partners to ensure immediate measures were put in place. There are changes, which fall within the control of the Trust, which need to be improved at pace with the support of the board and partners to achieve longer term improvements.

Covid-19 & Operating

Mr Lee highlighted a number of key elements including a significant increase in demand due to Covid-19 throughout January and February 2021. Waiting list numbers remained high and 35% of outpatient appointments were now virtual. Imaging continued to play a crucial role in clinical prioritisation. Non-elective work remained challenging with red and amber pathways maintained on all wards. A&E minors performance was >95% and majors, 45%. The new Same Day Emergency Care (SDEC) facility became operational in January 2021 with 40% of Shrewsbury urgent patients now attending that new centre. Cancer referrals remained close to pre-Covid-19 levels. Surgery was suspended for 10 days in January 2021, with clinical prioritisation mitigating the risk to patients.

In response to a question from Prof. Purt about Referral to Treatment (RTT) performance, Mr Lee confirmed that a plan for partner utilisation in reducing the RTT figures, affected by various issues including staff shortages and redeployment, would be brought to the Board in the future. Mr Lee reported that the Trust was working closely with the system and the region. Mr Lee also confirmed that the waiting lists were being clinically validated.

Dr Lee suggested that virtual consultation were nuanced, with the first virtual consultation not necessarily offering a complete episode of care, but instead leading to treatment / investigations / appropriate clinicians, etc., including any need for a follow up face to face consultation.

Workforce

Ms Boyode confirmed that the staff survey had been published in March 2021.

Six out of 10 themes performed below the average for other Trusts. Opportunity for improvement remained for team working engagement, culture and quality of care which had scored the same as last year. Temporary staff were invited to participate in the staff survey this year with wellbeing and moral scoring higher for those staff than for substantive staff, as benchmarked against other Trusts.

In response to a question from Mr Brown, Ms Boyode confirmed that whilst bank staff completed the national survey, agency staff didn't, recognising that some work will need to be undertaken to engage with this group.

Finance

Mr Drury confirmed that as at Month 10, the Trust was £3.4m favourable to the financial forecast, which was due mainly to the result of block contracting arrangements remaining in place and set off by less elective activity having been undertaken, and a slow down on some of the Trust's investments due to Covid-19. An early view of Month 11 suggested that the cost basis had increased, reflecting the Covid-19 surge during February 2021. Mr Drury asked the board to note the forecast outturn of £8.4m deficit including a £4m holiday pay accrual. It was noted that the costs of agency spend had dropped, which might have been due to the impact of the overseas recruitment programme or to partner organisation assistance provided over December 2020 / January 2021. The Trust would need to understand its run rate as it exists from the pandemic. Mr Drury confirmed that the Trust expects to accomplish the year-end financial target for 2020/21.

Dr Lee suggested that the Trust should celebrate the improvement shown in the chart for the 7 day payment of invoices.

Transformation

Mrs Barnett suggested that whilst the Trust needed to reprioritise during the peak of the pandemic, it was now working on regrouping around key priorities for the next 12 months as it emerges from Covid-19.

Mrs Barnett confirmed that Cherry West, from the University Hospitals Birmingham, was the new Improvement Director.

In response to a question from Mr Brown about the failure of the LTP to meet its timeline, Mr Preston confirmed that, in line with national guidance for plans, the timeline had been extended to the Q1 2021/22 year end. The Trust's milestones would be adjusted accordingly and any risk to the plan sign off with system partners, mitigated.

Mr Bristlin commended the Trust on the work undertaken and progress made to implement the plan.

	The Board of Directors took assurance from the report.	
053/21	<p>Covid-19 Report</p> <p>The Board of Directors' received the report from the Medical Director, Dr Rose and Director of Nursing, Mrs Flavell and were asked to note the report.</p> <p>Dr Rose suggested that the Covid-19 wave experienced by the Trust over the past few months had been the most intense for both staff, who were managing Covid-19 and the winter pressures, and for patients. The increase in Intensive Care demand of 179% was enabled by the support from system partners, staff redeployment, and military and consultant personnel. Dr Rose thanked everyone who had supported the increased demand on Intensive Care, the Emergency Department and the Covid-19 wards. The Trust, with the assistance of lead clinicians, estates and operational managers, had put in place measures which would ensure the Trust's oxygen supply in the future. The pandemic had created significant bed occupancy planning challenges.</p> <p>Mr Lee confirmed, in response to a question from the Chair, that the Trust was reporting bed occupancy as a percentage of normal bed occupancy (including beds which currently could not be used due to Covid-19 restrictions). During the pandemic, wards set up exclusively for Covid-19 patients could not admit non-Covid-19 patients. The total occupancy reporting necessarily hid the non-availability of beds across the Trust, suggesting that the hospital was less busy than it actually was.</p> <p>In response to a question from Mr Bristlin, Dr Rose confirmed there were various workstreams in the vaccination programme that dealt with members of the local community who found it more difficult to engage with the NHS, including the BAME community (currently at 70-75%). Mobile teams had been set up to reach members of the community who were reluctant to leave their homes, suffering from a mental health condition or living and working in isolated areas. Mrs Clarke confirmed that the newly appointed Social Inclusion officer (funded by Captain Sir Tom Moore's fund raising) had undertaken a gap analysis of the local community. An engagement meeting with the Polish community in March 2021 had included a member of the Trust who addressing the vaccination programme with the attendees.</p> <p>The Board of Directors noted the report.</p>	
QUALITY OPERATIONAL PERFORMANCE		
054/21	Report from the Director of Infection Prevention & Control (DIPC)	

	<p>The Board of Directors received the report from the Director of Infection Prevention & Control (DIPC), Mrs Flavell and were asked to take assurance from the report.</p> <p>Mrs Flavell reported that the Trust remained below trajectory for Clostridium Difficile (C.Diff) cases. Data for 3 February 2021 showed 17 open Covid-19 outbreaks, and as at 11 March 2021, 3 open Covid-19 cases. The Trust reported one case of MRSA Bacteraemia in January 2021 – the investigation indicated that the sample had become contaminated from poor skin preparation prior to the blood culture being taken.</p> <p>Mrs Flavell reported that the IPC BAF issues identified in early 2020 and reported to the Board of Directors previously had been augmented. A gap analysis had been undertaken by the Infection Prevention Team and would be reported to the Board at a later date.</p> <p>In response to a question from Mr Brown, Mrs Flavell confirmed that nosocomial infections had fallen significantly in January 2021 to 9.3%, recognised by the NHSE/I as a good performance.</p> <p>The Chair asked the Director of Operations, Medical Director and the Director of Nursing to communicate the Board of Directors' thanks to all staff for their hard work during the pandemic.</p> <p>The Board of Directors noted the report.</p>	
056/21	<p>The Ockenden Report</p> <p><i>Mr Underwood and Ms McDonnell joined the meeting.</i></p> <p>The Board of Directors received the report from the Director of Nursing, Mrs Flavell, and were asked to take assurance from the report.</p> <p>Mrs Flavell introduced Mr Underwood, the Medical Director of the Women and Children's Division, Ms McDonnell, Divisional Director Women and Children's, and Mr Wright Programme Director: Maternity Assurance.</p> <p>Mrs Flavell confirmed that the Trust was making good progress with implementing the required actions (52 – 27 Local Actions for Learning (must do) (LAFL) and 7 Immediate and Essential Actions (required nationally) (IEA) from the Ockenden Report with three system related actions remaining to be started. Mrs Flavell mentioned that currently the Trust worked within a single provider LMNS and that discussions were underway regarding the Trust joining or shadowing another LMNS.</p>	

All Ockenden Report Actions (LAFL and IAE) had been cross referenced to the Maternity Improvement Plan (MIP) and the Maternity Transformation Plan (MTP).

Mrs Flavell reminded the Board of Directors that the Trust was required to make an initial submission to NHSE/I regarding the development and implementation of an action plan to address the Ockenden Report actions. This was submitted on the 12 February 2021, meeting the requirements of the request.

Mrs Barnett mentioned the Trust's commitment to convening an Ockenden Review Assurance Committee and that discussions were underway with a potential, external co-Chair. The Committee's inaugural meeting was scheduled to take place on 24 March 2021, co-chaired by Dr McMahan.

Mrs Barnett reported that whilst the Trust would continue to report on the Ockenden Report separately, the Maternity Transformation Plan, which included all maternity improvements, was in place with appropriate governance arrangements now being finalised.

In response to a question from Mr Bristlin, Ms McDonnell confirmed that the introduction of BadgerNet would assist in the automation of the audits required. A request for additional resources required as a result of the actions from the Ockenden Report would be submitted for approval as a future business case.

Mr Bristlin referred the Board to the LAFL 4.55 (Page 124) and asked, how the Trust was engaging with the Maternity Voices Partnership (MVP). Mr Underwood confirmed that the Trust had commissioned Birmingham University to conduct research with staff and users of the maternity services.

The Chair suggested that when communicating complex messages to mothers-to-be, partners and families (Ockenden Review action), the Trust should endeavour to use language that was relevant to the end user. Ms McDonnell agreed that all wording would be carefully reviewed in future communications.

Mrs Barnett suggested, that the Trust would be taking an integrated approach to implementation of the actions in the Ockenden Report in a way that benefitted women and families but also, that broader lessons would be learnt across the organisation's workstreams and culture programme.

The Chair reminded the Board of Directors that midwifery staff were not immune from the impact of Covid-19 on their work. Ms McDonnell suggested that managing through Covid-19 in maternity had been challenging, particularly when staff were shielding or self-isolating. An external coach was providing 'safe space' support to all maternity staff in 1-2-1 sessions. Staff had also responded positively to the

	<p>research sessions being undertaken by Birmingham University with staff and patients.</p> <p>The Board of Directors took assurance from the report.</p>	
057/21	<p>NHS Resolution CNST Maternity Incentive Scheme</p> <p>The Board of Directors received the report from the Director of Nursing, Mrs Flavell and were asked to take assurance from the report.</p> <p>Mrs Flavell reported that the CNST scheme had been updated in January 2021 and that the changes to the scheme would be reported to the Board of Directors in May 2021. Mrs Flavell mentioned the training (Safety Action No. 8) the Trust must undertake and confirmed that 90% of each maternity staff unit had attended professional emergency training. To assist in achieving this training target, all non-mandatory training has been paused. Mrs Flavell also reported that the evidence required for the work being undertaken by Maternity Champions (Safety Action No. 9) was being gathered.</p> <p>Work being undertaken to review and validate the Birth Rate Plus report received recently by the Trust had been undertaken and would be reported to the Board of Directors in May 2021. Acuity was achieved in December and January 2021 at >85%.</p> <p>Mr Bristlin highlighted that a robust assurance process must put in place which delivered evidence in support of the delivery of each safety action (130) and that a robust review process is required, to assure the Board of Directors. Ms McDonnell agreed, that a thorough process for reviewing the evidence would be implemented before actions were signed off. The work would be overseen at a divisional level by Ms Wenlock and Ms McDonnell, oversight of the final work would be managed by the Executive Directors and time would be allocated at a seminar session for the Board of Directors to review the outcome of the actions before they are signed off and submitted. In response to a question by Mr Bristlin, Mrs Flavell confirmed that a peer review could be undertaken by Sherwood Forest Hospitals prior to submission.</p> <p>Mrs Barnett reported there was an explicit requirement for information to come directly to the Board of Directors for sign off, that the Trust would need to comply with.</p> <p>Mr Wright suggested that new governance arrangements being introduced would provide a robust validation process prior to submission to the Board of Directors.</p> <p>The Board of Directors took assurance from the report.</p> <p><i>Mr Underwood and Ms McDonnell joined the meeting.</i></p>	

058/21	<p>Workforce Policies</p> <p>The Board of Directors received the report from the Acting Workforce Director, Ms Boyode seeking consent for the approval of the stated Workforce Policies.</p> <p>Ms Boyode highlighted the background to the new policies submitted to the Board of Directors with an emphasis on their importance to staff health and wellbeing and, the manner in which grievances are addressed. Ms Boyode suggested, that a policy is only as good as the leaders equipped to embed it and asked the Board for support in ensuring the policies are prioritised in the programme of cultural change.</p> <p>Dr Lee asked, what governance pathway the policies had followed for oversight before coming to the Board of Directors' meeting. Ms Boyode confirmed that review of the policies had taken place at the Policy Group, the Senior Leadership Committee, the Operational Workforce Committee, and had had oversight from the unions. The policies had also been benchmarked against other partner Trusts. Mrs Barnett confirmed that some policies are required to come directly to the Board of Directors including those being discussed at this meeting.</p> <p>The Board of Directors gave their consent for approval of the submitted Policies.</p>	
059/21	<p>Data Security & Protection (DS&P) Toolkit Baseline Submission and associated issues.</p> <p>The Board of Directors received the report from the Senior Information Risk Owner (SIRO), Ms Milanec, and were asked to note the report.</p> <p>Ms Milanec reported the changes being proposed to the Information Governance (IG) assurance framework, including a change to the Chair of the Information Governance Committee. The Caldicott Guardian would be convening a separate Group to deal with information relating to patients.</p> <p>The Board was informed that the Data Protection Officer must have the resources necessary for them to fulfil the requirements for carrying out their role – and that this was a requirement of the Data Protection Act 2018. Hence, highlighting to the Board that there would be need for additional resources for the IG Team, in the form of another IG Officer.</p> <p>The initial DS&P Toolkit baseline submission made at the end of February 2021 and signed by the Caldicott Guardian and the SIRO included evidence that 79 of the 110 mandatory items, and 21 of the</p>	

	<p>42 assertions, had been completed. Ms Milanec advised that she could not assure the Board of Directors that the Trust would be compliant on the standards by full submission at the end of June 2021, given the work that needs to be completed before all items can be signed-off.</p> <p>The Chair asked the SIRO, of the assertions which may not be signed-off by June 2021, were there any material risks that the Board of Directors should be made aware of now. Ms Milanec confirmed that there were no urgent and material risks and that a report detailing the risks would be submitted to the Board of Directors, to align with sign off of the Toolkit, before the end of June 2021.</p> <p>Prof. Deadman reminded the Board of Directors that a plan for completing the work had been agreed last autumn 2020 and asked if progress was being made against that plan. Ms Milanec confirmed that implementation of the actions on the plan for the Toolkit, continued, but that lack of oversight in the area of information governance and cyber security had, for some years, been minimal and that the Trust was now having to 'catch up'.</p> <p>Prof. Purt agreed, that work was necessary to identify some of the priority IG areas, together with a conversation with Internal Audit.</p> <p>Dr Lee reminded the Board of Directors that with the introduction of electronic patient records, data would be shared extensively with other health and social care organisations across the system and that not being able to demonstrate compliance with the toolkit was potentially problematic. Data sharing partners in the NHS would be expected to be compliant with the toolkit.</p> <p>The Board of Directors noted the report.</p>	
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Assurance Framework

060/21	<p>Report from the Guardian of Safe Working [Q3]</p> <p>The Board of Directors received the quarterly report from the Medical Director, Dr Rose and were asked to take assurance from the report.</p> <p>Dr Rose mentioned, on behalf of the Guardian of Safe Working (GOSW), Ms Barrowclough, reported that the report was in response to a nationally mandated system for monitoring Junior Doctors' working hours required to be submitted to the Board of Directors. Exception reports were filed by Junior Doctors with the GOSF when they believed they had been asked to work exceptional hours. The Trust has 270 Junior Doctors in training. The number of exception reports stood at 22 and all have been resolved with Time Off In Lieu.</p> <p>Dr Rose drew the Board of Directors' attention to the requirement for the Trust to triangulate information on locum bookings, vacancies and the exception report. However, meaningful conclusions could not be</p>	
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	<p>drawn from the information, he advised, because the process was currently managed manually. This problem would be remedied once a digital system was in place, he confirmed.</p> <p>The Board of Directors took assurance from the report.</p>	
Board Governance		
061/21	<p>Governance Report</p> <p>The Board of Directors received the report from the Director of Governance & Communication, Ms Milanec and were asked to note the report.</p> <p>Ms Milanec highlighted key aspects of the report including, the formal notice on modification of condition G4 of the provider licence; proposed technical changes to the Fit and Proper Persons regulations, and the government's White Paper setting out the new requirements for Integrated Care Systems.</p> <p>The Board of Directors noted the report.</p>	
062/21	<p>Register of Directors' Interests.</p> <p>The Board of Directors received the report from the Director of Governance & Communications, Ms Milanec for information purposes.</p> <p>Ms Milanec confirmed that the register would be submitted to the Board of Directors every 6 months for transparency purposes. She also mentioned that voting board members were technically 'agents' of the Corporate Trustee of the Trust's charity, not 'trustees' as stated, and that this would be corrected.</p> <p>The Board of Directors noted the report.</p>	
063/21	<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>The Board of Directors took assurance from the report.</p>	
064/21	<p>Finance & Performance Assurance Committee Report [M7]</p> <p>The Board of Directors received the report from the Committee Chair, Prof. Deadman, and were asked to take assurance from the report.</p> <p>Prof. Deadman mentioned the outturn for the financial year 2021 had been the best performance for 4 years; the budgets for 2022 were uncertain; performance was unpredictable; and that a useful metric had been benchmarked against other Trusts.</p>	

	The Board of Directors took assurance from the report	
065/21	<p>Audit & Risk Assurance Committee</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 thanked Mr Bristlin for his handover of the Chair of the Committee. Purt also mentioned the number of waivers (17) which the committee had been informed about, which were considered high notwithstanding the pandemic.</p> <p>The Board of Directors approved the report.</p>	
066/21	<p>Any other Business</p> <p>No further business was raised.</p>	
067/21	<p>Date of next Board of Directors' meeting in public:</p> <p>13:00 on Thursday 8 April 2021</p> <p>Via MS Teams</p>	
Stakeholder engagement		
068/21	<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>Gill George</p> <p><u>Question 6.</u></p> <p><i>We know that a draft Strategic Outline Case for Future Fit/ Hospital Transformation Programme was submitted to NHS England in November 2019. Will SaTH make this publicly available, and also share the NHS England response?</i></p> <p>This was a draft document submitted for comment but not approved, so the Trust was not planning to share it in the public domain – at the time, no formal feedback was received from NHSEI.</p> <p>Sue Campbell</p> <p><u>Question 1.</u></p>	

Is SaTH confident that robust community services, preventive work and social care are in place to support the Future Fit/ HTP model and its implementation? If so, what is the basis for your belief?

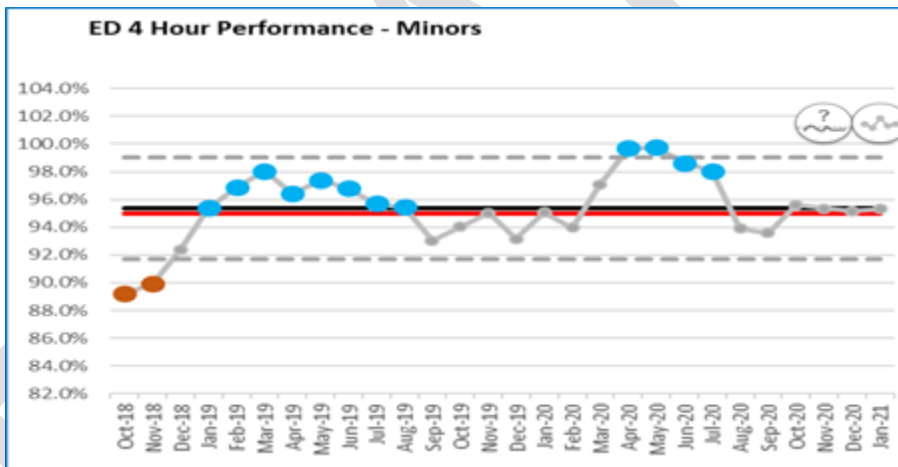
A good deal of work remains to be done in this area. This is one of the key components which the Trust needs to focus on moving forward, working closely with the health and social care system partners.

David Sandbach

Question 1.

A 95.3% performance would give a very different graph. Is the figure of 95.3% correct?

The data in the IPR dashboard is correct – shows 4 hour (67.5%) and split of 4 hour into majors (45.6%) and minors (95.3%). In the exception report the overall 4 hours and narrative is correct – 67.5% This graph however is ‘majors’ , whereas the table is ‘minors’ performance –so both correct but shouldn’t have been next to each other.



Question 3.

Did the meeting close at 4pm?

The scheduled closing time of the meetings is 4pm. The meeting last month overran.

Question 4a.

Why has the SaTH Board not managed to hire a substantive Finance Director?

Our Director of Finance Designate attended her first board meeting on 11 March 2021 and will take up the substantive role from 1 April 2021.

Question 5.

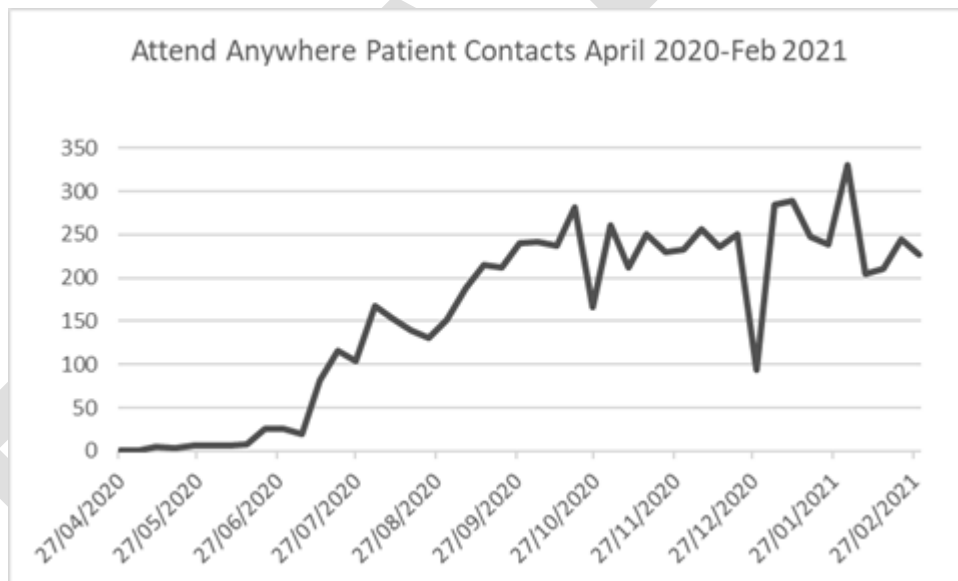
Given the frustration with poor progress concerning the Future Fit / Hospital Transformation Programme, which has recently expressed by three of our beloved local MPs, is the SaTH Board willing to put the Readiness Assessment report into the public domain.

This is an internal management document containing some sensitive and commercial information. The Trust was not planning at this time on sharing the full report in the public domain.

Question 7

How many out-patient episodes have been provided using the Attend Anywhere facility SaTH has invested in?

7230 out-patient episodes have been provided using the Attend Anywhere facility from mid-April 2020 to end February 2021. Since September an average of 235 per week – graph below includes Audiology which is not in the Secondary Uses Service data.



The Chair thanked the public for attending the meeting.

MEETING CLOSED