

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

Thursday 8 July 2021 via MS Teams (and live streamed to a public audience)

MINUTES

Name	Title
<b>MEMBERS</b>	
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
Mrs H Flavell	Director of Nursing
Dr J Jones	Acting Medical Director
Dr D Lee	Non-Executive Director
Mr N Lee	Chief Operating Officer
Prof T Purt	Non-Executive Director
Mrs H Troalen	Director of Finance
<b>IN ATTENDANCE</b>	
Ms R Boyode	Workforce Director
Ms A Milanec	Director of Governance & Communications
Mr C Preston	Interim Deputy Chief Executive
Mr R Steyn	Co-Medical Director
Ms R Gallimore	Director of Digital Transformation
Mr M Wright	Programme Director, Maternity Assurance
Mr M Underwood	Medical Director, Women & Children (Items 178/21, 179/21)
Ms S Mansell	Deputy Head of Midwifery, Women & Children (Items 178/21, 179/21)
Ms B Barnes	Board Secretariat (Minutes)
<b>APOLOGIES (MEMBERS)</b>	
Dr A Rose	Medical Director
<b>APOLOGIES (NON VOTING MEMBERS)</b>	
Mrs J Clarke	Director of Public Participation
Ms C West	Improvement Director

No.	ITEMS	ACTION
<b>PROCEDURAL</b>		
166/21	<p><b>Welcome, introductions and apologies</b></p> <p>The Chair welcomed all those present, and observing members of the public attending the meeting via the live stream.</p> <p>Dr McMahon extended a particular welcome to Ms Dunnett of the Care Quality Commission (CQC) Inspection Team, whom she advised, would be observing today's meeting.</p> <p>Apologies were noted.</p>	
167/21	<p><b>Staff Story</b></p> <p>The Director of Nursing introduced the staff story, presenting a video in which a group of international nurses spoke about their journey from their home countries, arrival in the UK, completion of Objective Structured Clinical Examinations (OSCE) and their transition to the clinical environments across the Trust.</p> <p>The nurses shared their aspirations for their future careers, advice for other international nurses planning to make the same journey, and also the pivotal part they have played in nursing patients, with Covid-19, back to health.</p> <p>Mrs Flavell advised that the story formed part of an international nurse recruitment presentation at the Cultural Diversity Event for Shropshire, Telford and Wrekin Integrated Care System (ICS) which took place on 21 May 2021. She further advised that the nurses' story would be used as a resource by the Trust's Recruitment Team for future international recruitment events. The International Nurse Education Team would also be using the story to further inform the development of pastoral care and support for future cohorts of international recruits.</p> <p>Mrs Flavell was pleased to inform the Board of Directors that 212 international nurses had joined the Trust in 2020, all of whom were still employed across our sites. She further advised that 139 international recruits would be joining the Trust over the next few months.</p> <p>Mrs Flavell was also pleased to report that there was currently a waiting list of international nurses wishing to join the Trust, following the positive feedback they had received from colleagues and friends on their experiences of their transition into the Trust and the wider community.</p> <p>The Board of Directors noted the staff story and took assurance from the work being undertaken to embed the value of international nurse recruitment across the Trust to improve patient experience.</p>	

168/21	<p><b>Quorum</b></p> <p>The Chair declared the meeting quorate.</p>	
169/21	<p><b>Declarations of Conflicts of Interest</b></p> <p>No conflicts of interest were declared that were not already declared on the register. The Chair reminded the Board of Directors of the need to highlight any interests which may arise during the meeting.</p>	
170/21	<p><b>Minutes of the previous meetings</b></p> <p>The minutes of the meeting held on 6 May 2021 were approved by the Board of Directors as an accurate record, subject to a minor correction to Mr Nisbet's title in the attendance list, which it was noted should read Programme Director, Hospitals Transformation Programme.</p> <p>The minutes of the meeting held on 10 June 2021 were approved by the Board of Directors as an accurate record, subject to a correction to Prof Deadman's title, and some minor grammatical corrections required to the penultimate paragraph of the Quality Summary within the Integrated Performance Report (Item 129/21).</p>	
171/21	<p><b>Action Log</b></p> <p>The Board of Directors reviewed the action log, and noted that the action with regard to use of the Review of Waiting List Initiatives (WLI) policy and previous reviews would be taken to the Audit and Risk Assurance Committee (ARAC) on 21 July 2021.</p> <p>The Chair of (ARAC) confirmed that this would be reported to the Board of Directors at the next meeting through the Committee report.</p> <p>The Board of Directors noted that there were no further actions due for review at this meeting.</p>	
172/21	<p><b>Matters Arising</b></p> <p>The Director of Governance and Communications confirmed that the Trust's Quality Account had been approved in formal session as part of the Quality and Safety Assurance Committee meeting on 30 June 2021. The Quality Account had subsequently been updated as required, and uploaded accordingly.</p> <p>No other matters were raised which were not already covered in the action log or agenda.</p>	

STRATEGIC MATTERS		
173/21	<p data-bbox="293 192 628 226"><b>Report from the Chair</b></p> <p data-bbox="293 266 1187 300">The Board of Directors received a verbal report from the Chair.</p> <p data-bbox="293 340 1297 521">Dr McMahon was pleased to report that over 600 Covid Recognition Awards had been presented to staff during the previous month. She confirmed that all award winners had been nominated by colleagues, in recognition of their contribution throughout the phases of the pandemic.</p> <p data-bbox="293 562 1297 703">Ms Boyode added that this had provided an excellent opportunity for peers to recognise each other, and she confirmed that peer-to-peer recognition would continue to be a valuable way of supporting the Trust’s culture going forward.</p> <p data-bbox="293 743 1297 925">Dr McMahon reflected on the recent Board Seminar Session which had been led by the Freedom to Speak Up (FTSU) National Guardian, Dr Henrietta Hughes. Dr McMahon stated that she considered the session to have been extremely informative. Dr Hughes advised that she has been working in other sectors to introduce the FTSU concept.</p> <p data-bbox="293 965 1297 1146">The Board of Directors had also been pleased to receive complimentary feedback from Dr Hughes on the work the Trust’s FTSU Guardians were undertaking, and noted her recognition that the team were doing an excellent job in providing colleagues with a safe and trusted means of raising any issues or concerns.</p> <p data-bbox="293 1187 1297 1328">Dr McMahon ended her report by referring to the honour recently bestowed on the NHS by the presentation of the George Medal on its 73<sup>rd</sup> birthday, in recognition of the contribution of all staff across the whole of the NHS.</p> <p data-bbox="293 1368 1171 1402">The Board of Directors noted the verbal report from the Chair.</p>	
174/21	<p data-bbox="293 1480 785 1514"><b>Report from the Chief Executive</b></p> <p data-bbox="293 1554 1297 1621">The Board of Directors received a verbal report from the Chief Executive.</p> <p data-bbox="293 1662 975 1695">Mrs Barnett highlighted the following key points:</p> <ul data-bbox="293 1700 1297 2065" style="list-style-type: none"> <li data-bbox="293 1700 1297 1771">• The Trust remained committed to the restoration of services, in conjunction with system partners;</li> <li data-bbox="293 1776 1297 1848">• Progress continued on the Trust’s Maternity Transformation Programme, but acknowledging that there was still more to be done;</li> <li data-bbox="293 1852 1297 1993">• The Trust’s virtual Annual Awards event would be taking place the following evening, which Mrs Barnett was pleased to confirm would include a public recognition award supported by the Shropshire Star; and</li> <li data-bbox="293 1998 1297 2065">• Following an external competitive recruitment process, Mrs Barnett was delighted to congratulate the Trust’s Acting Workforce Director,</li> </ul>	

	<p>Ms Boyode, on her appointment to the permanent substantive post of Director of People and OD. (Organisational Development.)</p> <p>Mrs Barnett clarified that reports against subsequent agenda items provided detailed information relating to the restoration of services, and the Trust's Maternity Transformation Programme.</p> <p>The Board of Directors noted the verbal report.</p>	
<p><b>175/21</b></p>	<p><b>Hospitals Transformation Programme (HTP) Report</b></p> <p>The Board of Directors received the report from the Interim Deputy Chief Executive.</p> <p>Mr Preston outlined the progress and next steps associated with the HTP, and confirmed that this report was in line with an undertaking to provide a bi-monthly progress report to the Board of Directors.</p> <p>He advised that PA Consulting had been appointed to work with the Trust to finalise the Strategic Outline Case (SOC), following NHSEI approval of the request to engage an external consultancy in this regard.</p> <p>The clinical and operational feasibility of accelerating the delivery of key elements of the acute transformation had been explored, and the costs and benefits of those elements would be incorporated into the options considered as part of the SOC, where appropriate.</p> <p>Mr Preston highlighted to the Board of Directors, Appendix 1 of the report, which provided more detail on the financial elements of the programme. He drew attention in particular to the table on Page 4 of the report which illustrated the change in value due to inflation, and the effect of indexation, between the original draft in 2016 and the updated draft in 2019.</p> <p>Mr Preston advised that the finalised 2021 SOC would include an explanation of the difference in values, and he confirmed that, once approved, the SOC would be shared with the public, to allow for open dialogue and feedback.</p> <p>In response to a query from Mrs Troalen, Mr Preston expanded on the process around financial modelling. He confirmed that PA Consulting would be working with the Trust to determine the requirements that need to be built in, to re-explore and revise assumptions, and engage with system partners and the public to ensure the systems and services being developed would meet the needs of the local population. He clarified that a number of advisers would then develop these needs into a robust change programme and set of financials.</p> <p>Dr McMahon noted the understandable concerns expressed around the difference in values, and she highlighted the need for an accurate and transparent explanation to be provided in the finalised SOC to aid</p>	

	<p>the understanding and engagement of those without a financial background.</p> <p>Mr Preston further advised that the Integrated Care System (ICS) Head of Communications had joined a meeting of the HTP Programme Board the previous day, at which stakeholders and key messages had been identified.</p> <p>The Board of Directors acknowledged the considerable number of benefits which would result from revised clinical pathways, and the contribution which the ICS could play in the delivery of services.</p> <p>Mr Preston confirmed that the revised SOC would be presented to Private Board in September 2021.</p> <p>The Board of Directors noted the report.</p>	
<b>QUALITY AND PERFORMANCE MATTERS</b>		
176/21	<p><b>Integrated Performance Report (IPR)</b></p> <p>The Board of Directors received the report from the Chief Executive, Mrs Barnett, who referred to her executive colleagues in order to provide more detailed information for the Board.</p> <p><b>Quality Summary</b></p> <p>The Director of Nursing, Mrs Flavell, advised that there were four serious incidents (SIs) reported in May, which were now undergoing rigorous investigation. She confirmed that the 18 open SIs at the end of May were all within the 60 day timeframe set for closure, and two SIs were closed during the month.</p> <p>An improvement in falls was noted, with all three indicators showing an improved position.</p> <p>The Trust had received a Regulation 28 notice from the Coroner in relation to the training of staff in the safe transfer of patients so as to prevent falls.</p> <p>There had been a continuation of the improvement with pressure ulcers during May, with 10 pressure ulcers at grade 2 or above during the month.</p> <p>The response time to resolve complaints continued to be a concern, and Mrs Flavell informed the Board of Directors that following a review, an improvement proposal report would be submitted to the July meeting of the Quality and Safety Assurance Committee (QSAC).</p> <p>Mrs Flavell reported a recent improvement in the communication process with complainants, with earlier conversations now taking place, and more meetings offered, to patients, families and the communities served by the Trust.</p>	

Mr Brown queried if any process mapping work had been completed on complaints, and whether there were clear expectations at each stage of the process. Mrs Flavell confirmed that this would be included in the report being taken to QSAC, which would also include trajectories to reduce the backlog of complaint cases.

Infection Prevention and Control indicators had been delivered in accordance with the improvement plan, with the exception of MRSA and Klebsiella. Mrs Flavell highlighted an MRSA case that occurred, where the sample was contaminated as a result of how a blood sample had been taken, and she confirmed that focused training was now underway with Junior Doctors to avoid future inadvertent contamination of samples.

With regard to maternity indicators, Mr Bristlin noted the introduction of a new target for 'smoking rate at delivery', and he asked if the rate could be reported against a trajectory to meet the target by March 2022, particularly as this was recognised as one of the most important measures in promoting the health of the mother and unborn child.

Mrs Flavell confirmed that this was being factored into the performance planning process, and she offered to also take this indicator and progress against trajectory to the Quality and Safety Assurance Committee for additional assurance.

The Board of Directors acknowledged that this needed to be a system wide initiative to achieve maximum improvement.

The Acting Medical Director, Dr Jones, highlighted the statistics on Caesarean Sections, which showed a change in the rate of C-section from the summer of 2020. He clarified, however, that the decision to undertake a C-section was individual-patient-dependant and variation around the national standard was to be expected month on month.

Mrs Barnett added that it was proposed to include further statistics and information on C-sections in a future iteration of the IPR.

### **Workforce Summary**

The Workforce Director, Ms Boyode, reported that many instances of sickness absence continued to be mental health related. She advised that there were particularly high sickness rates in Clinical Services and an investigation was taking place into the reasons for this.

The Board of Directors was advised of the Trust's Behavioural Framework launch, and Ms Boyode highlighted in particular that leaders were requiring support to hold people to account when they observed behaviours not aligned to the Trust's values and vision.

Ms Boyode was pleased to report that performance on vacancies was better than target. She confirmed that if the pipeline continued, based on current volumes, the Trust should be in a plus situation in the next few months.

Ms Boyode acknowledged that appraisals and mandatory training completions were below target. She reported that a specialised business unit was now in place within the Education Team to support the objective of improved completion statistics.

Following a query from Dr McMahon, Ms Boyode advised of the support that was available to staff with poor IT literacy, and the variety of alternative supported learning avenues that were being offered to colleagues. She also provided assurance that the support offered reflected equality and inclusion.

Ms Gallimore added that there were currently a large number of funded programmes available to support digital inclusivity, and she would discuss the opportunities and benefits that these could deliver for colleagues with Ms Boyode outside of the meeting.

Mr Brown was pleased to note a reduction in temporary staffing, but queried why there had been no reduction in agency spend. Ms Boyode clarified that in many respects, agency usage was as a result of vacancies. She also advised of the target of 1<sup>st</sup> September 2021 for every ward to close down rotas six weeks ahead, and she would expect to see a reduction in agency spend as a result of this more effective planning.

Ms Boyode reported that the Trust had been working with its University Hospital Birmingham (UHB) improvement alliance partners on retention initiatives, and she advised that she proposed to provide the Board of Directors at a forthcoming meeting, the outcomes and re-engagement proposals which had been developed as a result.

Ms Boughey asked how the Trust was using reasons for leaving to inform its retention strategy. Ms Boyode stated that she recognised the need to revisit and refresh the Trust's progression opportunities, as had been identified through feedback from regrettable leavers.

Ms Boyode provided some examples of how she proposed the Trust could refresh its strategy in this regard, including the development of stronger relationships with learning providers, the management of talent through consideration of leadership opportunities, development through secondments, and opportunities to experience practices elsewhere through job plans and partnerships.

In response to a query on how increasing capability across the organisation could be measured, Ms Boyode provided HTP as an example of how this could be used as a real opportunity for future roles, including consideration of the way AI (artificial intelligence) technology could be designed to influence new ways of working and delivery of excellent care.

Ms Boyode clarified, in response to a query from Dr McMahon on the system development of 'People Passports', that this was an aspiration for the future within the Trust. Ms Boyode expressed the view that for



the NHS to succeed nationally there needed to be a rotation of roles and technology to identify and maximise people skills.

Mrs Flavell stated that she would welcome the opportunity to work with Ms Boyode in this regard.

### **Operational Summary**

The Chief Operating Officer, Mr Lee, provided assurance to the Board of Directors that elective recovery delivery remained a key priority. He confirmed that the Trust, and local system as a whole, delivered against the national delivery threshold in May 2021, and it was expected that delivery would be met against the increasing threshold for June and July 2021, subject to unforeseen circumstances.

Mr Lee advised that diagnostics presented a vital enabler but was also a key risk, as the regional mobile CT scanner would be leaving the Trust at the beginning of June 2021. He confirmed that the service would prioritise urgent and cancer activity, and any routine activity where possible, until new capacity came on-line at the start of September 2021.

Mr Lee reported that Covid inpatient numbers remained low, with the number in single figures, although there were a small number of patients in Critical Care.

In accordance with national Infection Prevention and Control (IPC) guidance, separate high and medium pathways had been retained in A&E, assessment areas and wards. Separate low risk pathways had been maintained for elective surgery, together with strict protocols for cleaning and separation between patients in all clinical areas.

The Board of Directors noted that May 2021 performance in urgent care was slightly better than May 2020, but there had been a significant increase towards the end of May into early June 2021, and the volume of activity continued to rise.

Mr Lee reported that the Integrated Care System (ICS) was leading on a major programme of admission avoidance, through the review of patterns of 111 activity and using findings to consider how community services and pathways could be targeted.

Mr Lee confirmed, in response to a question from Prof Purt, that broadening ambulance service shift handover times was a factor of the increase in activity, but that it was also heavily linked to population pressures.

The Board of Directors sought assurance from Mr Lee on the meeting of triage targets for paediatric activity, and also the pathways for children and young people who presented with mental health problems.

Mr Lee clarified that the time to initial assessment, for both adults and children, continued to be a challenge. He confirmed that medical and senior nursing staff would be added to triage capacity at times of

pressure, but the large volumes remained an issue in meeting targets. He provided assurance that clinical priorities continued to be monitored throughout.

Mr Lee advised that there was a rising number of children and young people presenting with mental health issues, which was causing significant challenges, compounded by Covid. Mrs Flavell added that the Trust was working closely with its partners and commissioners to ensure there was an inreach position, to provide the best possible support to these children and young people.

Mr Preston drew the attention of the Board of Directors to the aim of improving the Trust's patient discharge process to achieve an improvement in patient flow. Mr Lee confirmed that the primary action from this was to ensure that the Trust's clinical teams and patient journey facilitators were supported.

The new process was due to be rolled out in the next few weeks, supported by tangible action plans which partners had agreed to deliver. It was confirmed that the overall aim was to have a system Urgent Care Plan which would be signed off by the Urgent Care Board.

#### **Finance Summary**

The Director of Finance, Mrs Troalen, confirmed that the Trust continued to operate within a temporary financial regime for the first six months (H1) of the 2021/22 financial year. Publication of the national guidance for the final 6 months (H2) was awaited.

Mrs Troalen reported that the Trust recorded a deficit of £(0.821)m after two months of the reporting period, which was in line with plan.

She confirmed that the Shropshire Telford and Wrekin (STW) system plan remained the same as previously reported, which was the equivalent to the system funding received for H1, however Mrs Troalen highlighted that to deliver this plan, £6m of financial risk must be mitigated over H1.

#### **Transformation Summary**

Mr Preston, Deputy Chief Executive, reported on the Trust's transformation activity in line with his immediately previous role of Director of Strategy and Planning.

Mr Preston advised that the Trust's contribution to the System Long Term Plan had been developed, and had now been escalated to system colleagues.

Prof Deadman queried whether the Finance and Performance Assurance Committee and Board of Directors would have an opportunity to be sighted on the plan, and Mrs Troalen confirmed that planning would be the focus of a Board seminar session the following week, and the outputs of that session would be shared with the Board of Directors.

	<p>With regard to Clinical Standards, Skills and Capability, Dr Jones reported that a clinical standards framework had now been completed, which mapped to the Trust's values and the Care Quality Commission (CQC) Key Lines of Enquiry (KLOE). He advised that the next step would be to develop the Trust's clinical priorities.</p> <p>In response to a query from Mr Brown, Mr Preston was pleased to advise that the recent changes to the Service Improvement Team (previously KPO Team) had been very positively received, and the team would be re-launching the Improvement Hub imminently.</p> <p>Ms Boyode added that that a new Head of Service Improvement had been appointed, and the team would be focusing on embedding continuous improvement as a priority across the organisation.</p> <p>The Board of Directors noted the Integrated Performance Report.</p>	
<b>ASSURANCE FRAMEWORK</b>		
177/21	<p><b>Data Security and Protection Toolkit (DSPT) Submission</b></p> <p>The Board of Directors received the report from the Director of Governance and Communications.</p> <p>Ms Milanec reported that the Trust's DSPT had been submitted by the required deadline of 30 June 2021. As not all of the required assertions had been met, an improvement action plan had to also be submitted, consisting of five actions relating to five different elements.</p> <p>Ms Milanec confirmed that the submitted action plan had been accepted by NHS Digital and the Trust's 'Standards not met' status had changed to 'Standards not fully met (plan agreed)'. The Trust has until the end of December 2021 to complete the remaining actions.</p> <p>Ms Milanec highlighted the requirement for 95% of colleagues to have completed their annual Data Security Awareness training within the year. It was accepted that 2020/21 had been particularly difficult due to pandemic pressures, and Ms Milanec reported that it has been suggested that the 95% compliance figure was being considered for review by NHS Digital for future toolkits.</p> <p>Ms Milanec advised that the Information Governance (IG) team could offer support to colleagues, to facilitate an improvement in the completion rate, through the provision of alternatives to online training, such as tailored training for specific departments or groups of staff. Ms Milanec would link with Ms Boyode to incorporate this offering within the Trust's overall learning strategy.</p> <p>Ms Milanec relayed her thanks to Ms Gallimore and her team for their support with a number of the completed requirements.</p> <p>She advised that three further areas requiring improvement related to, essentially, cyber processes. Funding had been provided to support</p>	

	<p>improvement in one of those areas, with plans to be drawn up for improvement for the others. Ms Milanec confirmed that the IG and Cyber teams worked closely together and were inextricably linked to the information and cyber agendas.</p> <p>Ms Milanec offered to provide the cyber security action plan to the Audit and Risk Assurance Committee for reference, which was welcomed.</p> <p>In response to a query from Prof Deadman, Ms Milanec provided assurance around the audit process prior to submission. She confirmed that completion of the Toolkit was a mandatory contractual requirement of the NHSE Standard Conditions Contract, and a mandatory independent internal audit took place prior to submission.</p> <p>The Board of Directors noted the report, and took assurance from the work underway against the improvement action plan, and the Trust's slightly improved position on the previous year.</p>	
<p><b>178/21</b></p>	<p><b>Clinical Negligence Scheme for Trusts (CNST) Maternity Declaration and Action Plan</b></p> <p>The Board of Directors received the report presented by Mrs Flavell and Programme Director for Maternity Assurance, Mr Wright.</p> <p><i>Mr Underwood, Medical Director of the Women and Childrens Division, joined the meeting for this and the following agenda item.</i></p> <p>Mrs Flavell clarified that the report provided the background to the CNST Maternity Incentive Scheme Year 3 standards to support safer maternity care, and the Trust's preliminary position ahead of the final submission to NHS Resolution by midday on 22 July 2021.</p> <p>Mr Wright advised that in order to be eligible for payment under the scheme, the Trust must meet all ten maternity safety actions in full, and he drew the Board of Directors' attention to the remaining conditions detailed in the report.</p> <p>The Board of Directors noted that as of Monday 4 July 2021:</p> <ul style="list-style-type: none"> <li>• three standards were fully compliant (safety actions 1, 3 and 7);</li> <li>• a further three standards could become fully compliant subject to the approval of the Board at today's meeting (safety actions 2, 6 and 8); and</li> <li>• four standards were non-compliant (safety actions 4, 5, 9 and 10)</li> </ul> <p>Mr Wright drew the Board of Directors' attention to Appendix 2 of the report which provided further details. He also provided assurance that where a standard was not yet being met fully, this was largely as a result of technical reporting matters and/or a lack of systems and processes to ensure that the correct information was validated, approved and reported accordingly. He stressed that the non-compliant areas did not represent a risk to the quality of care provided to women, babies and families.</p>	

Mr Wright advised that Trusts that had not achieved all ten actions in full, may be eligible for funding to support progress. In this regard Mrs Flavell advised that as part of the submission, an application would be made to seek MIS reimbursement funding of circa £100k, based on two years fixed term full employment costs, for a Band 7 Governance and Assurance Officer. This would be to establish and coordinate a strategic plan to help address all of the CNST requirements going forward that clearly set out the required milestones and evidence requirements.

Mr Wright provided assurance that approval of the safety action submissions by the Safety Champion and LMNS (Local Maternity and Neonatal System), which was required in addition to the Board, had been received at the Maternity Safety Champions meeting earlier that week.

The Board of Directors was satisfied with the action plan, as was confirmed by the following statement:

**The Board of Directors confirms that a locally-funded plan is in place to meet the Maternity Services Dataset (MSDS v2) requirements, and that this has been agreed by the Maternity Safety Champion and the LMNS.**

The Board of Directors was satisfied to commit to facilitate local, in person, fetal monitoring training when this is permitted, as was confirmed by the following statement:

**The Board of Directors confirms its commitment to facilitate local, in person, fetal monitoring training when it is permitted.**

The Board of Directors was satisfied that women at high risk of pre-term births have access to a specialist pre-term birth clinic where transvaginal ultrasound to assess cervical length is provided, as was confirmed by the following statement:

**The Board of Directors confirms that women at high risk of pre-term births have access to a specialist pre-term birth clinic where transvaginal ultrasound to assess cervical length is provided.**

The Board of Directors was satisfied that an audit had been completed to measure the percentage of singleton live births occurring more than seven days after completion of their first course of antenatal corticosteroids, as was confirmed by the following statement:

**The Board of Directors confirms that an audit has been completed to measure the percentage of singleton live births occurring more than seven days after completion of their first course of antenatal corticosteroids.**

	<p>The Board of Directors was satisfied that there is an action plan in place to facilitate multi-professional training sessions, as was confirmed by the following statement:</p> <p><b>The Board of Directors confirms that there is an action plan in place to facilitate multi-professional training sessions, once/when this is permitted.</b></p> <p>The Board of Directors took assurance from the report, but wished it to be noted that its approval, as detailed below, was based on additional assurances that had been provided by Mrs Flavell and Mr Wright at the meeting, in addition to the details provided at the time the report had been produced.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> <li>• <b>approved the application for reimbursement of MIS incentive scheme funds in section 6 of the report for a B7 Governance and Assurance Officer;</b></li> <li>• <b>approved the affirmatory statements in Section 7 of the report;</b></li> <li>• <b>assigned deleted authority to the Chief Executive to sign the CNST MIS year three submission and supporting statements (as per Section 8 of the report) by midday on 22 July 2021</b></li> </ul> <p>Mr Wright undertook to provide Board members with a confirmatory email when the submission had been made.</p>	
179/21	<p><b>The Ockenden Progress Report</b></p> <p>The Board of Directors received the report, providing an update to the Trust's Ockenden Report Action Plan and other related matters.</p> <p>Mrs Flavell drew the attention of the Board of Directors to the delivery status position of each of the 52 actions as at 25 June 2021 which was summarised in table form in the report, and showed the 'current' and 'proposed' position against each.</p> <p>She explained that a number of actions had been reviewed by a subset of the Maternity Transformation Committee (MTAC) to provide a preliminary view ahead of the next formal MTAC meeting on 13 July 2021. From that review, it is possible that a number of actions could change their status, subject to formal ratification at the next MTAC meeting. In order to ensure full transparency, Mrs Flavell clarified that these are shown in the 'proposed' column to show what the possible movement could look like. However, as has been discussed previously, these need to be caveated as they will need to go through the full and due testing and validation process before confirming.</p> <p>Dr McMahon advised that the concerns the team had with delivery timelines, had been discussed at the Ockenden Report Assurance Committee (ORAC). She added that the External Expert Advisory Panel (EEAP) had recognised that there was a significant amount of work incorporated in the action plan, and the level of ambition indicated that timelines might not be met.</p>	

	<p>Prof Deadman raised his concerns around the Trust being over ambitious, in the context of an organisational history of slippage. Dr McMahon clarified that there were no external deadlines driving this work, which was why it was critical that ORAC and EEAP were in place to hold the Trust to account.</p> <p>Mrs Flavell added that the timelines represented enthusiasm and ambition for delivery from the Division. Mr Wright highlighted that eight of the Immediate and Essential Actions I(EAs) had improved their delivery status, and he was anxious that the Board of Directors did not lose sight of the overall progress being made.</p> <p>In response to a query from Mr Brown, Mrs Barnett informed the Board of Directors that, having spoken to colleagues on other LMNS groups, the Trust would be working closely with Staffordshire. She confirmed that there would be ongoing dialogue, and detail to be reviewed in due course.</p> <p>Mrs Barnett stated that she considered it was positive that the Trust had been ambitious in its action planning, and by putting in place a large amount of scrutiny through forums, all of which involved partners, she felt confident in the progress being made.</p> <p>The Board of Directors took assurance from the report, noting the actions covered in the draft Exception Report.</p> <p><i>Mr Underwood left the meeting.</i></p>	
<p><b>180/21</b></p>	<p><b>Ockenden Report Assurance Committee Monthly Report</b></p> <p>The Board of Directors received and noted the report, presented by the Committee Co-Chair, covering the fourth live streamed meeting of the committee which had been held on 24 June 2021.</p> <p>Dr McMahon highlighted that the meeting scheduled for 26 August would be cancelled and the work of the Committee would resume at its meeting on 23 September.</p>	
<p><b>181/21</b></p>	<p><b>Finance and Performance Assurance Committee Monthly Report</b></p> <p>The Board of Directors received and noted the report, presented by the Acting Committee Chair.</p> <p>Mr Brown drew the attention of the Board of Directors to two alerts within the report:</p> <ul style="list-style-type: none"> <li>• The Recovery Plan was now in place until the end of September 2021 (publication is awaited on national guidance for H2). There was uncertainty around the impact on the emergency pathway and maintaining elective zones beyond this</li> <li>• Endoscopy performance was improving, but pre-Covid levels were unachievable due to required adherence to IPC guidance.</li> </ul>	

182/21	<p><b>Quality and Safety Assurance Committee Monthly Report</b></p> <p>The Board of Directors received and noted the report, presented by the Committee Chair.</p> <p>Dr Lee took the opportunity to express the appreciation of the Executive Directors for the improvement in the quality standard of Board papers, and the overall performance of the Executive Team, was also acknowledged.</p>	
<b>PROCEDURAL ITEMS</b>		
183/21	<p><b>Any Other Business</b></p> <p>There were no further items of business.</p>	
184/21	<p><b>Date and Time of Next Meeting</b></p> <p>The next meeting of the Board of Directors was scheduled for Thursday 5 August 2021, commencing at 1300hrs. The meeting would be live streamed to the public.</p>	
<b>STAKEHOLDER ENGAGEMENT</b>		
185/21	<p><b>Questions received from the public</b></p> <p>The Chair confirmed that, following the introduction of a formalised process for the management of questions from members of the public the previous month, all questions received following the June Board of Directors meeting had been addressed. Dr McMahon clarified that responses had been sent to questioners via email, and the Questions and Answers had now been published on the Trust website.</p> <p>Dr McMahon stressed the importance of the Trust receiving questions from the public as they helped to clarify the content of Board meetings.</p> <p>Dr McMahon advised that all questions were being tracked to identify themes, which would be included in the Trust's Public Participation Plan. Analysis of the themes would also be included in a quarterly report to the Board of Directors.</p>	
	<p><b>The meeting was declared closed.</b></p>	