

Ockenden Report Assurance Committee AGENDA

Meeting Details

Date **Tuesday 19th October 2021**
Time **14.30 – 17.00**
Location **Via MS Teams – to be live streamed to the public**

AGENDA

Item No.	Agenda Item	Paper / Verbal	Lead	Required Action	Time
2021/51	Welcome and Apologies	Verbal	Chair	Noting	14.30 (15 min)
2021/52	Declarations of Interest relevant to agenda items	Verbal	Chair	Noting	
2021/53	Minutes of meeting on 23rd September 2021	Enc 1.1 Verbal	Chair	Approval	
2021/54	Maternity Voices Partnership – working with women and families	Presentation	Louise Macleod, Maternity Voices Development Co-Ordinator	Discussion	14.45 (45 mins inc. Q's)
2021/55	Maternity Safety Champions – roles of executive and non-executives	Presentation	John Jones, Acting Medical Director Tony Bristlin, NED	Discussion	15.30 (30 mins inc. Q's)
2021/56	The System's role: a) LMNS/CCG role of system in maternity assurance. Also, what's happening with single LNMS b) Regional involvement NHSE/I – six IEA's dependent upon external factors - update		Zena Young, Executive Director of Nursing and Quality, Shropshire, T&W CCG and LMNS Sharon Fletcher, Perinatal Quality Lead and Patient Safety Specialist, Shropshire, T&W CCG and LMNS Kerry Forward, Senior Commissioning Manager, NHSE/I		16.00 (30 mins inc. Q's)
2021/57	Observations and comments from relevant stakeholders and groups representing service users <ul style="list-style-type: none"> • What have the stakeholders and groups representing service users heard so far in the first four meetings? • What reflections and observations do they have and wish to share at this stage? • Based on where the work of the Committee so far, what would stakeholders wish to see in the future meetings relating to the Ockenden Report action plan? 	Verbal	Chair All	Discussion	16.30 (15 min)
2021/58	Discussion and reflection <ul style="list-style-type: none"> • Key messages for the Board of Directors • Key messages for service users - women and families • Any other steps we need/wish to take 	Verbal	Chair All	Discussion	16.45 (15 min)
2021/59	Meeting closes Date of Next Meeting: 15 th November 2021 (Agenda TBC)	Verbal	Chair		Finish 17.00



The Shrewsbury & Telford Hospital NHS Trust

Ockenden Report Assurance Committee meeting in PUBLIC

Thursday 23rd September 2021 via MS Teams

Minutes

NAME	TITLE
MEMBERS	
Dr C McMahon	Co-Chair
Ms J Garvey	Co-Chair
Mrs L Barnett	Chief Executive (Trust)
Dr J Jones	Acting Medical Director (Trust)
Mr A Bristlin	Non-Executive Director (Trust) and Non-Executive Director lead for Maternity Services
Ms H Flavell	Director of Nursing (Trust)
Ms V Barrett	Chair, Healthwatch Shropshire
Dr A Wilson	Member, Powys Community Health Council
ATTENDEES	
Mr M Underwood	Divisional Medical Director for Women & Children (Trust)
Mr M Wright	Programme Director Maternity Assurance (Trust)
Mr T Baker	Senior Project Manager Maternity Transformation Programme (Trust)
Ms J Bolton	Interim Matron Community and MLU
Mr G Calcott	Consultant Obstetrician and Gynaecologist
Ms T Hymas-Taylor	Deputy Chief Nurse, Sherwood Forest
Mrs H Troalen	Director of Finance
Ms L Yeaman	Specialist Midwife: Digital
Ms C Eagleton	Matron Inpatient Services
Mr K Haynes	Independent Governance Consultant
Mr B Russell	Interim Head of Communications
Mr R Kennedy	Associate Medical Director NHSE/I Midlands
Mrs L MacLeod	Maternity Voices Partnership Development Coordinator Telford & Wrekin
Ms E Evans	MVP Service User Chair
Ms R Gallimore	Head of IT
Clare Lines	Ass Director Commissioning Development – Powys
Mr S Mehigan	Director of Midwifery, Royal Oldham Hospital
Ms Julie Richards	Head of Midwifery, Powys
Mr S Parker	Web Development Team
Ms A Davies	Powys Teaching Health Board - Nursing
APOLOGIES	
Mr N Lee	Chief Operating Officer (Trust)
Dr M-S Hon	Clinical Director – Obstetrics / Maternity (Trust)
Ms Z Young	Director of Nursing & Quality, Shropshire, Telford & Wrekin CCG and Local Maternity & Neonatal System
Ms F Ellis	Maternity Voices Partnership (MVP)
Mr N Bain	Project Manager - BadgerNet

No. 2020	ITEM	ACTION
Procedural Items		
042/21	<p>Welcome, introductions and apologies.</p> <p>The Co- Chair, Jane Garvey welcomed all present including the public to the live stream of the meeting. Introductions were made and apologies were noted.</p>	
043/21	<p>Declarations of Conflicts of Interests</p> <p>There were no declarations of interest noted.</p>	
044/21	<p>Minutes of the previous meeting and matters arising</p> <p>The minutes of the meeting of the 22nd July 2021 were agreed as a correct record, with the following report provided on two matters arising.</p> <ul style="list-style-type: none"> • Mr Wright explained that in relation to Local Actions for Learning 4.98 and 4.99 the Trust had sought further clarification at regional level in relation to its compliance status with each of these recommendations, namely that there must be clearly documented early consultation with a neonatal intensive care unit for all babies born on a local neonatal unit who require intensive care (LAFL 4.98); and the neonatal unit should not undertake even short term intensive care (except while awaiting a neonatal transfer service), if they cannot make arrangements for 24 hour on-site, immediate availability at tier 2 (a registrar grade doctor with training in neonatology or an advanced neonatal nurse practitioner) or tier 3 (a neonatal consultant), with sole duties on the neonatal unit (LAFL 4.99). He explained that Dr Richard Kennedy had kindly agreed to pursue this matter at regional level and was able to confirm that following discussions with the Neonatal Consultant Leads in the West Midlands Neonatal Operational Delivery Network (ODN) it had been confirmed that the Trust's current compliance with the West Midlands Neonatal ODN Pathway Framework, The British Association of Perinatal Medicine's Guidance for Local Neonatal Units and NHSE's Service Specification for Neonatal Critical Care is sufficient to meet the requirements of both LAFLs. • Dr McMahon explained that at the meeting in July in relation to Dr Lorien Branfield's presentation about the Ockenden Report obstetric anaesthesia requirements attention was drawn to the task faced by Dr Lorien Branfield (Consultant Anaesthetist) in progressing the obstetric anaesthesia workstream recommendations and in relation to the Trust's general anaesthetic services more generally. Since then Dr McMahon explained that she had been able to report she had spent time and had had further discussion with Dr Branfield. Ms Flavell reported that the additional consultant anaesthetist reported at the last meeting was now in post and was already providing input in relation to simulation training. Dr Jones also confirmed his understanding of the issues associated with anaesthetic services provision, particularly the arrangement where an on-call anaesthetist covers critical care and general anaesthetics including obstetric anaesthesia at the Princess Royal site. It was acknowledged that this issue was multifactorial and would benefit from further review and discussion at Executive level. It was agreed that a further update on progress in relation to this item would be provided at the November meeting of the Committee. 	

	<p>Action: Further update to be provided on obstetric anaesthesia and general anaesthetic issues more generally at the November meeting of the Committee.</p>	
045/21	<p>Review of all of the Actions from the first Ockenden Report</p> <p>Messrs Underwood and Calcott provided a detailed update on the progress in implementing 52 actions arising from the Ockenden Report (27 LAFLs and 25 IEAs). In summary, it was reported that 32 (62%) of actions had been delivered (delivery status), of which 17 (33%) had been evidenced and assured and 15 (29%) had been delivered and remained to be evidenced (usually following an evidenced audit). In terms of progress status, there are three actions that are off track and two actions that have not commenced with all remaining actions complete (i.e. 17, 33%) or on track (i.e. 30, 58%). The Committee considered the actions that were off track and the mitigations that were in place.</p> <p>Mr Calcott reminded the meeting that the first Ockenden Report was an independent review established following a series of very serious incidents in 2009, with 52 actions categorised as Local Actions for Learning specific to SaTH and Immediate and Essential Actions (applicable to SaTH and the wider national system)</p> <p>Mr Calcott explained that following a recent meeting of the Maternity Transformation Assurance Committee that 32 actions have now been fully delivered (62% overall) and 33% are Evidenced and Assured and 29% overall have been Implemented but Not Yet Evidenced. Only a small number (3) are Off-Track. These are related to external dependencies. Mr Calcott went on to explain how saTh is able to provide assurance that these actions are implemented and embedded.</p> <p>Mr Calcott explained the Assurance and Governance Process: proposed status changes on actions approved at the Maternity Transformation Programme Group level, go to the Maternity Transformation Assurance Committee for approval and then are presented to ORAC.</p> <p>Mr Calcott described the progress made for each of the LAFLs and IEAs, as follows:</p> <p><u>LAFL Theme 1: Maternity Care</u></p> <ul style="list-style-type: none"> • Clinical Referral Team established. • Updated birth information introduced. • Two foetal monitoring champion midwives brought into post. • Full delivery of Saving Babies' Lives care bundle. • Cardio Tocography (CTG) guidelines validated by Clinical Network and audit completed to prove compliance. • Partnered Clinical Governance review started, and three additional specialist midwives recruited to the team (in post in next few weeks). • Multi-disciplinary twice-daily ward rounds are in place. <p><u>LAFL Theme 2: Maternal Deaths</u></p> <ul style="list-style-type: none"> • Escalation policy for junior obstetric staff and midwives on when to involve the consultant has been updated. • Engagement with the soon-to-be-established specialist maternal medicine centres is in place and will inform referral pathways. 	

- More than 100 midwife and obstetrician places secured (25 booked for November) in Baby Lifeline's 'Recognition and Management of the Sick and Deteriorating Woman' course.

LAFI Theme 3: Obstetrics Anaesthesia

- Anaesthetists involved in the multi-disciplinary ward rounds.
- Obstetric Anaesthetic lead playing key role in development of 'enhanced maternity care' proposal and guideline.
- Anaesthetic audit requirements included in the bespoke Ockenden Report case notes audit tool (LAFI 4.89).
- Anaesthetic consultants >90% compliance with online PROMPT training achieved.
- Multi-disciplinary skills-drills and simulation training taking place.
- Evidenced compliance with anaesthetics-related sections of Clinical Negligence Scheme for Trusts Safety Action 8.

LAFI Theme 4: Neonatal Service

- Combined nursing and medical notes implemented.
- 7th consultant recruited; intended start date of January 2022.
- Rotational attachments to tertiary units to commence in October 2021.
- Escalation policy to tertiary units in line with Neonatal Operational Delivery Network, British Association of Perinatal Medicine and NHSE guidelines; externally checked and validated (by NHSE/I regional colleagues).

IEA Theme 1: Enhanced Safety and IEA 2 – Listening to women & families

IEA 1

- Audit confirms appropriate involvement of external experts in investigations.
- Strong links with LMNS/CCG include membership of Senior Quality Lead and Patient Safety Specialist in SaTH's Maternity & Neonatal Safety Champions Group.

IEA 2

- Maternity Voice Partnership (MVP)-SaTH co-produced 'User Experience (UX) System' now in its second cycle with more than 80 inputs received from staff and service users.
- Active Non-Executive Director and Board-level Executive participation in Safety Champions group.
- Improvements underway to SaTH's digital offering.

IEA Theme 3: Staff training together and working together

IEA 3

- LMNS-funded £360k investment includes simulation kit for multi-disciplinary training – significant quantity already acquired.
- SaTH investment of £190k in external training, including care and management of sick/deteriorating women, learning from adverse events, CTG masterclass and more. Multiple places already booked / attended.
- PROMPT yearly package, including 'train-the-trainer' acquired.
- Ring-fenced funding for MDT and EFM training.

IEA Theme 4: Managing Complex Pregnancies & IEA Theme 5 – Risk Assessment throughout Pregnancy

IEA 4

- Recruitment of eight additional obstetric consultants – six in post, two more yet to be appointed – with the aim of providing 24/7 residential consultants.
- Ongoing liaison with new regional specialist maternal medicine centres to inform referral pathways.
- SaTH successful early adopter of Perinatal Mental Healthcare Clinic; successful bid and ongoing rollout achieved by Transformation Midwife.

IEA 5

- Bespoke audit tool in development to monitor compliance with risk assessment processes at antenatal appointments and during intrapartum phase.
- First bookings commenced via Badgernet EPR system in August 2021.

IEA Theme 6: Monitoring Foetal Wellbeing

IEA 6

- Named consultant plus two specialist midwife champions in post.
- Active delivery of training and improving practice.
- Multiple places booked for clinical staff on Baby Lifeline's 'CTG Masterclass' course.
- Ongoing audits of compliance with CTG guidelines.

IEA Theme 7: Informed Consent

IEA 7

- Promotion of BabyBuddy app v2.0 in partnership with MVP; co-production of 'My Personal Care and Support Plan'.
- Co-produced MVP / SaTH 'User Experience (UX) System' yielding significant service user and staff input.
- New Badgernet system is providing digitalised content and provides prompts where information has not been accessed, triggering staff to offer additional support.
- Birth Options clinic up and running.

Actions currently off-track and Next Steps

Mr Underwood explained that LAFL 4.59 is off-track due to the recent staff turnover in the divisional clinical governance team. LAFL 4.60 is also off-track because the initial internally set deadline for this action did not allow for the complexity of its implementation.

Mr Underwood went on to present the next steps to be taken and the timelines:

- Completion amendments to the Case Notes Audit tool, and launch second audit round: Oct 2021
- Implementation of split Tier 2 rotation and first round of observational attachments at Tier 3 Units Oct: Oct 2021

- Sands (The Stillbirth and Neonatal Death Charity) review, to inform National Bereavement Care Pathway adoption: Nov 2021
- Prepare to receive and plan the implementation of the Final Ockenden Report: 2021
- Review of Ockenden actions related to integration of Obstetric Anaesthesia in wider maternity team, to test level of completion: Mar 2022
- Evidenced completion of the partnered Governance Review: Spring 2022

Ockenden Actions with External Dependencies

Mr Underwood explained that these actions are not within SaTH's control to implement independently. Further clarity / action is needed from external parties in order to proceed. Any sub-actions that can be completed internally are underway. It was noted that these include LAFL 4.73, IEA1.3, IEA 1.4, IEA 2.1, IEA 2.2, IEA 2.4, IEA 4.3.

In response to a question from the Co-Chair Ms Jane Garvey about the timeliness of investigations, Mr Underwood explained that if an incident happened, a rapid review would be held within 72 hours, or it would go to an OIR (Obstetric Incident Review) meeting which is held on a weekly basis through to a divisional oversight meeting. Any immediate actions that are required are taken at or before these meetings. There is also an executive director-led Review and Learning from Incidents Group (RALIG) meeting, which is held weekly. The aim is to complete all investigations within the national timeframe of 60 days and any actions arising from these are implemented accordingly. They are then checked to ensure that they are delivered fully, are embedded and can be evidenced.

In response to a question from Dr McMahon relating to staff engagement following a serious incident and dissemination of learning, Mr Underwood explained that there is a quality governance review currently taking place, and also the UHB Governance review which led to changes with RALIG. He went on to explain that if there is an incident that occurs today the rapid review outcome is fed back to all staff across the Trust, there is a notice board where information is shared as well as weekly emails and daily huddles where the outcome and learning is shared and cascaded. Dr Kennedy confirmed from his attendance at and observation of the clinical incident review meetings that the process described was exactly as he had experienced.

In response to a question from Dr Wilson about the challenges faced in co-production of service transformation with service users, Mr Calcott responded that from the Maternity Voices Partnership perspective, they tried to engage service users but rapidly realised that as meetings are often process driven, there was little the service user could comment on. This is where the user experience system came in to provide users with a single point of contact to share their views on their experience. Dr Mei-See Hon leads on this. Mr Calcott clarified that if leaflets need to be produced or if decisions need to be made that affect the user, it will go to the Patient Group Board and a meeting is organised to get their input.

In response to a question from Dr Wilson regarding recruitment, Mr Underwood explained that from an Obstetrics point of view, six new consultants have been recruited this year. In terms of anaesthetics, it has been challenging locally and nationally for a number of years but two have been recruited this year. With these new recruits, it pushes SaTH's compliance from 45% to closer to 90%.

The Co-Chair, Ms Jane Garvey asked whether the Ockenden Review itself is playing a part on the attractiveness of working for SaTH.

	<p>Mr Underwood answered that it plays a small part but the way the rota works and national shortages, particularly in obstetric anaesthesia, also seems to be an issue. Dr McMahon confirmed that from her discussions with Dr Lorien Branfield, Ockenden and related issues are not a deciding factor it is mostly to do with a national shortage and the way the rota is working. Modifications in the rota have helped people to come forward.</p> <p>Ms Emily Evans commented that the user guide experience is a great way to start co-production but that listening to users is not an action that will ever be completed as it is an on-going process.</p> <p>In response to a question from Ms Jane Garvey about staff morale and energy in the Trust's Maternity Services, Mrs Louise Barnett explained that she felt that it is a very difficult time for the team and felt that what she has seen are really committed individuals who have taken very seriously the Ockenden Report and the feedback that the organisation has received. They are open and transparent about their feelings. Recruitment has been challenging but they are making progress with this and this alongside with all the progress in other areas will help lift pressures and boost morale generally. Mrs Barnett explained that much is being done around culture and health and wellbeing.</p> <p>The Co-Chair, Jane Garvey added that the possibility of another Ockenden Report before the end of the year with more LAFLs is a very real possibility.</p> <p>Mrs Barnett answered that whilst there is no detail on it, they are expecting it by the end of the year. She added that whatever the second report contains, it will be dealt with, with as much dedication and support as the first one.</p> <p>The Co-Chair, Jane Garvey read out a comment from Mr Simon Mehigan, the Maternity Improvement Advisor from NHSE/I, working with SaTH, who has the impression that there's commitment at every level of the organisation to their improvement journey and response to the Ockenden Report.</p> <p>In Ms Zena Young's absence, the Co-Chair Jane Garvey asked about the LMNS.</p> <p>Mrs Barnett answered that it would be better to work alongside another LMNS rather than formally merging with it. They have a shared agenda for the 2 teams to work together in taking some of the actions forward. This is working well at the moment and further discussions with the CCG will be held to take this further and will be reported on at the next meeting.</p> <p>Action: To provide a further update on future LMNS arrangements.</p>	
046/21	<p>Financial Review – Review of how the financial support is being used / allocated</p> <p>In summary, Mrs Troalen explained that 13 business cases had been considered and that monies were available internally, at the local maternity and neonatal system level and nationally via the Ockenden fund of £95m. Mrs Troalen confirmed that there is £3.2m recurrent funding available which is providing 55 new posts in maternity services – medical and midwifery and a further £1.6m on a non-recurrent three year basis in support of a range of requirements including training, patient advice and family liaison, etc.</p> <p>The Co-Chair, Jane Garvey asked Helen Troalen if she was certain that the funding she has been promised would be retained.</p> <p>In response, Mrs Troalen confirmed that she was confident of the funding as it is</p>	

	<p>internal funding and that this service is a top priority. With regards to the £3.2 million, this won't be spent yet which gives the service some flexibility to do some work on training or other on-off items with the underspend. The £1.6 million has been ring fenced as far as she is concerned.</p> <p>Louise Barnett commented that with this significant investment comes an opportunity to do things differently and really strengthen the service. She added that a lot of thought has been given to the types of roles that are needed and where to place the resources to provide the best service to women and families going forward and be attractive to people wanting to join SaTH.</p> <p>Helen Troalen went on to answer a question from Richard Kennedy regarding the £3.2 million investment. She confirmed that this took SaTH a way to reaching birth rate plus. She went on to clarify that the Ockenden allocation is about £0.3 million, and it is separate to the £3.2, because the £3.2 represents the recurrent resources that will be put in place.</p>	
047/21	<p>Presentation on BadgerNet – rollout plan and anticipated benefits and risks</p> <p>The Co-Chair, Jane Garvey introduced Ms Lisa Yeaman, the Specialist Digital Midwife for her presentation on BadgerNet and Midwifery Lead on the BadgerNet project.</p> <p>Ms Lisa Yeaman started off her presentation by explaining why a new system was required. The current electronic system (Medway) used along paper records was preventing the Trust from meeting its future obligations to service users. Using a mixture of electronic and paper records carried its own risk as well and was inefficient. In addition, the system and processes could not deliver the changes required by the Ockenden Report and by CQC.</p> <p>Lisa Yeaman went on to explain that BadgerNet is a full end to end maternity system which can include any contacts with the early pregnancy service right through to transfer of care to the health visiting service. The system is hosted and is centrally managed by CleverMed and has the facility to store electronic foetal monitoring traces as well as customised growth charts which will continue to help identify babies who may be smaller or larger than expected. BadgerNet also links to the pathology reporting system, so it really does ensure that all the documentation is in one place and easy to access. It makes clinicians lives easier as they only have to enter the date once in one place and the date is always up to date.</p> <p>Ms Yeaman explained why BadgerNet was chosen. CleverMed is the company that own BadgerNet. They are an Edinburgh based company with over 20 years' experience in perinatal systems and BadgerNet is live in over 180 units in the UK, so it is a well-established national system. It's also managed as a secure cloud system over the N3 network, so the information is encrypted and secure in the cloud. The access is not restricted to hospital sites, so this is a real step forward for community services in particular, because when the community midwives are out there visiting the service users in GP surgeries or in the home environment, they will have access to the most up to date information available. And it also aids the sharing of records with primary care and other service providers. So far, 90% of our service users are registered on the BadgerNotes app.</p> <p>Ms Yeaman summarised the benefits of BadgerNet:</p>	

	<ul style="list-style-type: none"> - The system is updated in real time with the most up to date information. - The information is available across the service. - The system can generate internal referrals automatically. - External collaborations and transfers are eased. - Makes it easier to capture data. <p>Ms Yeaman continued with an explanation of BadgerNotes which is the service user side of the interface. It allows them to access their medical notes, they can look at healthcare leaflets which are recommended by the clinicians caring for them, so it's individualised and tailored to that service user's needs and making access on a PC, tablet, or a smartphone. It also allows the service users to complete a birth plan or birth preferences so that they can discuss those with the clinicians providing the care so that we can really engage service users in their care. And they can also keep a weekly diary and upload photos which can be shared with family and friends. This element is entirely private.</p> <p>Service users will be able to see who is involved in their care, including the named consultant, if appropriate, and their named midwives and they are also able to give temporary access to the records to their GPs if needed. And an antenatal care summary is available. And this will share information with the service users, they'll be able to view information such as their blood pressure and what rate the foetal heart was measured at. They will also be able to view the recommended management plan and also any lab results as they are available. And during the postnatal period the record will also show information relating to the baby.</p> <p>Staff training on BadgerNet is taking place daily to ensure preparedness for going live phase. A meeting with MVP has also been scheduled for next week to get feedback from service users.</p> <p>Ms Yeaman concluded by explaining that BadgerNet is being implemented in phases. Phase 1 went live on 9th August and phase 2 is scheduled for 25th October.</p> <p>In response to a question from Mr Bristlin regarding how she felt Phase One had gone, Ms Yeaman felt it had been successful despite a few teething issues. The data quality looks promising, staff are feeling positive and feedback from users is also very positive so far. Regular audits will be done to identify areas for improvements.</p> <p>Ms Vanessa Barrett welcomed the new system as the old paper-based system was inefficient and caused a lot of problems in rural Shropshire.</p> <p>Ms Garvey asked Ms Vanessa Barrett if she could foresee any issues in uptake from the service users in her area of Shropshire. Ms Barrett explained that she had not received feedback either way, but could not see why users would not wish to engage with it.</p>	
048/21	<p>Observations and comments from relevant stakeholders and groups representing service users</p> <p>Dr McMahon reminded everyone of the importance of sharing their thoughts, feedback, and comments so that she can formulate a report to take to the Board.</p> <p>Ms Vanessa Barrett stated that she has attended all 6 meetings so far and is really pleased with the progress and everyone's efforts. She wonders how many members of the public are being reached through these meetings and how is SaTH feeding back to the families involved in the Ockenden Report. She also</p>	

	<p>noted the significant improvement in relationships across the different disciplines.</p> <p>Mr Tom Baker wanted to note that there has been tremendous support from LMNS, and the partnership has worked really well.</p> <p>Dr McMahon asked Mr Bristlin specifically how he felt the meetings were going in terms of any feedback he is getting from staff and service users.</p> <p>Mr Bristlin mentioned that he had picked up on a lot of commonalities between what he was hearing in the presentations and what he was hearing on the ground which suggests great transparency and that people feel safe and comfortable to share their thoughts, ideas, and discomforts.</p> <p>Mrs Barnett emphasised the importance of external partners and other Trusts and welcomed the scrutiny from the public, service providers, partners, and service users because everyone at SaTH is committed to providing the very best care they can to everyone.</p>	
049/21	<p>Closing remarks from the Co-Chairs</p> <p>The Co-Chair noted that the next meeting is scheduled for a Tuesday and will be for the foreseeable. She acknowledged that this was not ideal for everyone and noted that this will be looked into to accommodate a maximum amount of participants.</p> <p>Mr Wright explained that the next meeting will focus on service user involvement, how to measure it, how to engage and connect.</p> <p>The Co-Chair, Ms Jane Garvey thanked all the speakers and participants.</p>	
051/21	<p>Date of next Board of Directors' meeting in private:</p> <p>Tuesday 19th October 2021 at 14.30– via MS Teams</p>	
MEETING CLOSED		11.30

DRAFT