

# The Shrewsbury and Telford Hospital NHS Trust

## TRUST BOARD MEETING

Held on Thursday 26 March 2020

Seminar Room 1&2, SECC, Royal Shrewsbury Hospital  
(\*indicates colleagues who attended via video conference)

### PUBLIC SESSION MINUTES

<b>Present:</b>	Mr B Reid Ms L Barnett Mrs B Beal* Ms T Boughey* Mr A Bristlin* Prof C Deadman Mr J Drury* Dr D Lee Mr N Lee* Mr B Newman* Prof T Purt Dr A Rose*	Chairman Chief Executive Officer (CEO) Director of Nursing & Quality (DNQ) Non-Executive Director (NED) Non-Executive Director (NED) Non-Executive Director (NED) Finance Director (FD) Non-Executive Director (NED) Chief Operating Officer (COO) Non-Executive Director (NED) Non-Executive Director (NED) Medical Director (MD)
<b>In Attendance:</b>	Mr T Allen* Dr E Borman* Ms R Boyode* Mr D Brown* Mrs J Clarke Mr D Holden Ms B Tabernacle-Pennington* Mrs B Barnes	Associate Non-Executive Director (A.NED) Director for Clinical Effectiveness (DCE) Acting Workforce Director (AWD) Associate Non-Executive Director (A.NED) Director of Corporate Services (DCS) Interim Director of Governance (IDG) Director of Transformation & Strategy (DTS) Trust Board Secretary (Minutes)
<b>Apologies:</b>	None	

#### **TB/2020/38 WELCOME & APOLOGIES**

The Chairman welcomed everyone to the meeting, which took place via video conferencing. There were no apologies.

#### **TB/2020/39 DECLARATION OF CONFLICTS OF INTEREST**

The Board of Directors received and noted the Declarations of Conflicts of Interest.

#### **TB/2020/40 DRAFT MINUTES OF THE MEETING HELD IN PUBLIC SESSION ON 6 FEBRUARY 2020**

The minutes were approved as a correct record.

#### **TB/2020//41 ACTIONS/MATTERS ARISING FROM MEETING HELD ON 6 FEBRUARY 2020**

2020.1/08.3 – Midwifery Staffing Report: Request from Prof Deadman (NED) for the Board to receive benchmarked performance information compared to other Trusts in future reports

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**The DNQ confirmed that this is to be reported to next Workforce Committee meeting. Original action closed.**

2020.1/13 – Quality Governance Report: Request from Mr Brown (A.NED) for C Difficile figures to show a comparison with the previous year  
**The DNQ confirmed that this will be provided. Action closed.**

2020.1/13 – Quality Governance Report: Request from Mr Brown (A.NED) for pressure ulcer information in future reports to show a comparison with previous year's data  
**The DNQ confirmed that this will be addressed. Action closed.**

2020.1/13 – Quality Governance Report – Serious Incidents: Improvements highlighted to level of detail within reports  
**Dr Lee (NED), Chairman of the Quality and Safety Committee, acknowledged the improvements that had been made recently in Quality and Safety reporting. Original action closed.**

2020.1/13 – Quality Governance Report – Mortality Metrics: Q&S Committee to quantify situation on red status of an entry (% mortality in hospital within 30 days of emergency admission with a heart attack aged 35-74)  
**The DCE had clarified the situation to Q&S Committee – query resolved. Action closed.**

2020.1/14 – DCE Report: Relay thanks to those concerned for the reduction from 468 to 45 of out of date clinical guidelines and policies on the Trust's intranet site  
**Complete. Action closed.**

2020.1/28 – FTSU Guardian Action Plan: Request from Mr Newman (NED) for a report to be provided to Board on themes coming through from leadership training across the Trust.  
**The Chief Executive confirmed that plans were in place to provide targeted and strengthened leadership development to key groups, which would be supported by the Executive team. Original action closed.**

**TB/2020/42 REPORT FROM THE CHAIRMAN**

**TB/2020/42a Corporate Governance and Covid-19**

The Board of Directors received a report which detailed information circulated to governance leads across the NHS as good practice in order to ensure Chairs, CEOs and Trust Boards consider the present challenging circumstances and the actions which should be taken in short order.

The measures set out in the report aim to maintain effective corporate governance arrangements, whilst adhering to national guidance about social distancing, and recognising the operational pressures being experienced by the Trust's executive, clinical and operational teams in the current unprecedented times.

The Board of Directors were referred to the detail contained in the full report and the key points were summarised as follows:

- The Board will continue to convene on a monthly basis

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- Conference calling and new technology will be used to ensure that Board members working from home or socially isolating will not need to attend in person and can participate effectively, remotely
- The Board's agenda will be closely aligned to the Trust's key risks and reduced to key matters
- No meeting will last for more than two hours in duration
- The CEO will decide (in consultation with the Chairman) which Executive Directors should attend Board and Board Committee meetings. This will be decided on a month by month basis
- In the public interest, the Board will continue to differentiate between items which are for the Board meeting held "in public" compared with "in private" and papers and meetings will continue on this basis. However, while social distancing applies, members of the public will not be admitted to physically attend Board meetings. The agenda and papers for Public Board meetings will be published on the Trust's website, and members of the public will be invited to submit questions, relevant to the agenda, to be addressed at the Public Board
- Minutes of the Public Board meetings will continue to be uploaded to the Trust's website
- Committee meetings will last for one hour, and only for exceptional reasons to continue beyond that, up to a maximum duration of two hours
- The Trust's Standing Orders make provision for the Chairman and the CEO to act as a Committee of the Board, with delegated authority to take urgent decisions (with the support of two additional NEDs)
- The Trust needs to be able to be nimble in its responsiveness to guidance, which is changing on a daily basis. All urgent decisions, which deviate from accepted practice, must be approved by the Trust Chairman and be taken in line with the Trust's scheme of delegation
- The above measures will be reviewed on a monthly basis

The Chairman also advised that a Covid-19 Committee is to be established to provide assurance on behalf of, and to report to, the Board of Directors during this challenging time. The Committee will comprise of the Chairman, Dr Lee (NED), the CEO, the COO and the MD, and will meet virtually on a weekly basis.

**Resolved:** The Board of Directors noted the report, and approved the actions outlined therein.

#### **TB/2020/42b Other Matters raised by the Chairman**

The Chairman advised the Board of Directors that Mr Newman will be stepping down as a NED from 31 March 2020, although he has agreed to remain as an Associate NED for the duration of the current Covid-19 situation. The Chairman recorded his appreciation to Mr Newman for his valuable contribution during his tenure as a NED, and thanked him for his continued commitment to the Trust.

The Chairman also advised the Board of Directors that Dr Borman will be stepping down from his role as Director of Clinical Effectiveness with effect from 31 March 2020, and he will be returning to clinical practice as an anaesthetist. The Chairman recorded his appreciation to Dr Borman for his commitment to the Trust over the last seven years, and wished him well in his transition to full clinical responsibilities, particularly at the current time.

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The Board of Directors noted the updates provided by the Chairman.

#### **TB/2020/43 REPORT FROM THE CHIEF EXECUTIVE**

The Board of Directors received the report from the CEO, highlighting a number of national issues and key areas of progress across the Trust.

In particular, the CEO thanked colleagues and partner organisations for the warm welcome they had extended to her during her short time at the Trust. Also, the CEO noted that it continued to be a very challenging time, with significant planning and preparation activity underway to respond to the Covid-19 pandemic and to support patients and staff. This activity would be covered later in the meeting in more detail in Item TB/2020/44b below.

The Board of Directors noted the report from the CEO.

#### **TB/2020/44a PERFORMANCE MANAGEMENT ARRANGEMENTS 2020/21**

The Board of Directors received a report from the CEO detailing a number of improvements to the Trust's performance management mechanisms and reporting to increase Executive and Board assurance around operational plan delivery, whilst also supporting more timely and proactive decision-making so that potential risks and issues could be mitigated, wherever possible. Strengthening of the current approach was aimed to address feedback from the CQC, and build on the work that had already commenced, e.g. review and introduction of the monthly Integrated Performance Report (IPR)

The Board of Directors was referred to the detail contained in the full report, and the proposed key milestones and timelines were summarised as follows:

- New IPR/performance dashboards for 2020/21 approved – April 2020
- New IPR/performance dashboards for 2020/21 implemented – May 2020 (Month 1 reporting) onwards
- Performance Management Framework approved – April 2020
- Operational Plan transformational objectives and goals finalised – April 2020
- Initial engagement sessions with teams and staff members – May 2020
- Roll out and embedding of new Performance Management arrangements – June 2020 onwards

The Board of Directors noted the report and supported the proposed approach.

#### **TB/2020/44b OPERATIONAL PERFORMANCE REPORT**

The Board of Directors received the Month 11 Report from the COO and FD, covering operational and financial performance for February 2020.

At this point, relevant members of the Executive team provided a verbal update on the significant levels of planning and preparation activity underway within the organisation for the unprecedented challenge of the Covid-19 pandemic. The following points were covered:

- Work underway with system partners, in particular on the move of the trauma service to Robert Jones and Agnes Hunt Foundation Trust and some cancer

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and elective surgery to the Nuffield Hospital, which had been instigated locally but was now part of the planning approach anticipated nationally.

- The significant number of staff who were off sick or self-isolating, several of whom were key decision makers. It was confirmed that the Trust is following national guidance but expecting further guidance shortly regarding staff testing.
- Year 4 and 5 medical students, final year nursing students and retired returners were being redeployed to key front line clinical roles where possible. Training was underway to support the re-deployment of staff into clinical support roles. The GMC had introduced more flexible guidance on which areas members could work,
- Personal Protective Equipment (PPE) was a priority, discussed at daily strategic meetings. The Trust currently had sufficient supply but was focused on ensuring sufficient supply to meet anticipated future requirements. Further national communication was awaited on this.
- 11 pallets of hand gel were expected tomorrow.
- 108 members of the public had currently made direct contact with the Trust to offer their services, and 135 have been identified from the national campaign
- Daily communication ongoing with staff, via clinical/operational updates from the MD and workforce updates from the AWD, and the Trust's intranet site had been updated with a "coronavirus" designated area, which included pastoral support information. Communications were being continually reviewed to ensure appropriate messages were disseminated to provide as much clarity as possible and guidance on key issues to staff.
- As at 25 March, the Trust had 60 Covid-19 cases, and there had been two reported deaths, which was extremely sad. Both patients had underlying health conditions
- There was recognition of the focus of Community Trust and Primary Care roles in supporting discharges and frail patients

The impact of Covid-19 on operational performance was covered further in Item TB/2020/45 below.

The Board of Directors noted the update provided.

## TB/2020/45

### PERFORMANCE COMMITTEE REPORT

The Board of Directors received the Performance Committee Report of 24 March 2020 presented by Prof Deadman (NED), Chairman of the Committee.

**Resolved:** It was noted that the Committee is to change its name to the Finance and Performance Committee, to better reflect its assurance responsibilities.

The following key items had been reported to the Committee:

#### Covid-19

The revenue costs of additional clinical and IT equipment for March 2020 were expected to amount to £1.4m operational expenditure and £0.08m for capital costs.

A process for authorising and capturing additional costs associated with Covid-19, ensuring financial control is maintained, has been put in place.

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The Committee was assured by the FD of resilience in the Procurement and Payroll systems, but remained concerned regarding the impact on workforce due to sickness.

National guidance had been issued regarding the financial approach to be adopted in relation to normal contractual arrangements in the face of the COVID19 pandemic, which had confirmed the usual commissioner contractual payment arrangements had been suspended and replaced with a block arrangement.

### Finance Update

The FD confirmed that there was not forecast to be any further deterioration in the forecast full year outturn position of the Trust, which remained forecast to be a deficit of £35.4m. Furthermore, the Trust was expecting to meet its full Capital Resource Limit (CRL) and the cash requirement of £1.700m. The FD confirmed that all figures were prior to any impact of Covid-19, and that there were processes in place for the Trust to recoup revenue and capital costs associated with the planning and response to the pandemic.

The FD reported that the Trust is mindful of the need to be a 'good neighbour' to our suppliers, particularly in the current unprecedented times, and will, in line with national NHS support for the wider economy over the coming months, be paying suppliers as quickly as possible.

A number of financial deadlines had changed due to Covid-19 –

- Submission of the accounts had moved from 24 April – 27 April 2020
- Submission of audited accounts had moved from 29 May – 25 June 2020
- Implementation of IFRS 16 (lease standard) had been delayed by 1 year

Finally, it was stated that it was anticipated there would be changes to deadlines relating to production of the Annual Report and the Quality Account.

### Operational Update

Whilst acknowledging the exceptional circumstances, the Committee had been disappointed to note that A&E 4 hour performance had not improved significantly, given that attendances had reduced and there was bed capacity available in the Trust, which would facilitate flow. This indicated that there was still a need to further improve underlying processes within the urgent and emergency services.

There was an acknowledgement that there would be lessons to be learned from the current exceptional Covid-19 situation, including reduced A&E attendances and prompt discharging of Medically Fit for Discharge (MFFD) patients. It was recognised that it would be helpful to reflect on these changes, once through the pandemic, to identify learnings (where things are of concern or positive) and potential benefits, some of which could be maintained post Covid-19.

The Trust has, to the best of its ability under the current circumstances, been attempting to maintain urgent cancer services. It will be some months before any impact from the pandemic on cancer performance can be determined.

Prof Purt (NED) highlighted that the Committee had requested sight of projected RTT performance data for the next quarter and early sight of recovery plans. The COO acknowledged this request, and responded that recovery plans will be looked at as soon as feasible, however are likely to be impacted by the challenges of

Covid-19. The COO confirmed that RTT was still being tracked as normal to ensure oversight and management.

The Board of Directors noted the report.

#### **TB/2020/46 SUSTAINABILITY COMMITTEE REPORT**

The Board of Directors received the Sustainability Committee Report of 20 March 2020 presented by Mr Reid, Chairman of the Committee.

The following key items had been reported to the Committee:

##### Hospitals Transformation Programme (HTP)

The HTP team had reviewed the output of an exercise done 18 months ago to model what activities would look like if they were delivered in a community setting, and the review had highlighted the need for the Trust and CCG to review assumptions based on the data available to date and potential acute and community transformation schemes. It was agreed that this would be revisited and a recommendation made regarding next steps.

**Action:** Chief Executive (Director of Transformation and Strategy/ Director of Finance) to consider above issue and advise next steps.

##### Digital Vision

It was noted that the Board of Directors will be asked to approve the Trust's digital strategy by 30 June 2020. This will then be shared with partners in the work stream to inform the STP Digital Strategy, which would be signed off by the ICS Shadow Board.

The Trust has been awarded £6m as part of the Government's Digital Aspirant Programme to launch an Electronic Patient Record (EPR).

The Board of Directors noted the report.

#### **TB/2020/47 WORKFORCE COMMITTEE REPORT**

The Board of Directors received the Workforce Committee Report of 16 March 2020 presented by Ms Boughey (NED), Chairman of the Committee.

The following key items (not covered elsewhere in the minutes) had been reported to the Committee:

##### Covid-19

Overseas Nurses – there was a risk that the new overseas nurses may now not be able to come on time due to travel restrictions imposed as a result of the current Covid-19 pandemic. Accommodation also remained a challenge, which was being tackled by the HR team. It was also highlighted that there may be issues with OSCE exams, in terms of whether these would go ahead in light of Covid-19, and/or whether nurses would be able to travel to Ireland to sit them and/or exam centres may close. (It was subsequently confirmed at the Board meeting by the DNQ that the centres have closed and further information on an alternative model is being explored by the Trust in conjunction with HEE, and details awaited).

The Lead FTSU Guardian continued to regularly report issues daily to the MD, with Covid-19 related issues being a particular theme. The MD commented that this

was proving very helpful in ensuring that staff daily messages were addressing the immediate concerns being raised by staff in a timely way.

The Board Assurance Framework (BAF) – the BAF was reviewed and will be updated to include Covid-19. (The IDG confirmed at the Board meeting that there is some good practice available from NHSE/I in this regard, and a BAF risk will be added imminently. The IDG also stated that in the last three days over 70 Covid-19 risks have been added to the Operational risk register, which will be reviewed and condensed accordingly).

**Action:** IDG to ensure Covid-19 risk is included in BAF.

#### Other Matters

- The People Strategy continued to be developed
- The Trust will participate in the Culture Leadership Programme, which is a national programme with NHSE/I involving 50 organisations looking at Discover, Design and Delivery programme methodology
- Work continued to analyse the Staff Survey and develop a plan to improve staff engagement across the organisation.

The Board of Directors noted the report.

**TB/2020/48**

### **QUALITY AND SAFETY COMMITTEE REPORT**

The Board of Directors received the Quality and Safety Committee Report of 21 March 2020 presented by Dr Lee (NED), Chairman of the Committee.

The following key items had been reported to the Committee:

- BAF Risks
- Covid-19 response update
- Learning from Deaths Quarterly Update
- Adult Safeguarding Action Plan
- CQC Well Led Update
- CQC Section 31 Update
- Maternity CNST Year 3 Update
- Investigations into falls in hospital
- Quality, Patient Safety and Governance Report
- A report on community service developments
- Reports had been received from the Clinical Governance Executive, Infection Prevention and Control, and Operational Risk Group.

It was noted that the Quality, Safety and Governance report has been evolving over recent months, and the Committee considered this month's report to be of an excellent standard.

Following reports of excess mortality figures linked to patients who sustained a fracture neck of femur, the Committee will monitor the Trust's response to this. The Medical Director confirmed that this is under active investigation.

The development of community service to reduce hospital demand and to manage more patients appropriately within the community is proceeding slowly and has not yet reached a point where it is likely to have any significant impact on hospital services or patient flow.

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The Committee noted that there is a risk to adult safeguarding training created by the response to Covid-19 that needs to be recognised, tracked and recovered, although the importance of this continuing was highlighted

The Committee strongly endorsed proposals to expand the number of staff within the clinical governance support function.

The Maternity CNST Year 3 criteria and the Trust's current self-assessment against them show areas of compliance and confidence, but there are other areas where work is required to demonstrate compliance. The DNQ reported at the Board meeting that NHSR have formally advised all Trusts that they are deferring 31 August 2020 submission date due to Covid-19. She assured the Board that the Trust will continue to drive forward all actions.

Reference was made at the Board meeting to the Quality Improvement Plan, and the IDG highlighted the advantage of capturing in one plan, in addition to CQC actions, HSE, CCG, Royal Colleges and any other issues from the current and previous years. This would provide consolidated oversight by Executive Directors, and act as an effective assurance mechanism to the Quality and Safety Committee and Board.

**Action:** One plan to be created capturing CQC actions, HSE, CCG, Royal Colleges and any other issues – **DTS/Interim Director of Nursing**

The Board of Directors noted the report.

**TB/2020/49**

## **MATERNITY OVERSIGHT COMMITTEE REPORT**

The Board of Directors received the Maternity Oversight Committee Report of 19 March 2020 presented by Mr Reid, Chairman of the Committee.

The following key items had been reported to the Committee:

### Maternity Action Plan

The Committee had received the Independent Maternity Review and Service Improvement Programme report. The paper provided details of what resource is required for the Women and Children's (W&C) Care Group to provide a Programme Team to coordinate the delivery of all aspects of the improvement programme. It is proposed that the Team will require five years to deliver all of the work identified in the independent review. This will be a cost pressure of £1m per year, £5m in total. The Board was asked to support this and approve funding in principle which would be put forward as part of the 2020/21 annual planning process for approval by NHSI/E.

### Digital/IT Systems

W&C were reviewing the IT system, as previous localisation of the current system was having a direct impact on the Care Group recording required CNST data. Short and long term solutions were under review and options were being progressed with other suppliers as well as seeking knowledge and expertise from other Trusts.

### CNST Year 3 Update

The Committee was advised that of the 10 actions under the 2020/21 scheme, five were currently rated green, four were red and one amber. (As covered under Item

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TB/2020/48 above, NHSR had announced deferral of 31 August 2020 submission date due to Covid-19, although the Trust would still be driving forward all actions).

Mr Newman (NED) observed that with a freeze on training due to the Covid-19 situation, the Trust will have difficulty in complying with all of the CNST requirements. This would be considered led by the Interim Director of Nursing and reported at future Maternity Oversight Committee.

#### PALS Service

Contact has been made to provide training for Post-Natal bereavements and PALS service within Maternity. Estates are reviewing areas at PRH to provide a service from W&C. The Trust are reviewing the approach to PALS as a whole.

#### CQC National Maternity Survey and Trend Analysis

151 surveys were completed for SaTH in February 2020 giving a response rate of 46.7%. This is an improvement from 2019 of 46.2% and compares favourably to the national response rate of 36.5%. In summary, the findings were positive and indicate that overall SaTH is performing 'better' than other Trusts in four separate areas.

**Resolved:** The Board of Directors noted the report, and approved in principle the five year funding of a Programme Team to coordinate the delivery of all aspects of the Independent Maternity Review and Service Improvement Programme report, subject to approval by NHSI/E as part of the 2020/21 annual planning process.

### **TB/2020/50 EMERGENCY DEPARTMENT OVERSIGHT GROUP REPORT**

The Board of Directors received the Emergency Department Oversight Group Report of 19 March 2020 presented by Prof Purt (NED), Chairman of the Committee.

The Committee had considered restructure of the format, objectives and purpose of the Group and reviewed the Terms of Reference, to ensure the establishment of a clearer objective and line of reporting to the Board for assurance, and a core membership that will have more clarity and relevance. This was felt to be a positive step forward.

It was confirmed that the COO would now be chairing an operational committee which oversees the delivery of the improvement actions to ensure improved performance. The COO will be the Lead Executive, reporting to the ED Oversight Group against the CQC action plan, supported by the Interim Director of Nursing who will provide the professional leadership to support improvement.

It was also clarified that the Committee's link is to the Quality and Safety Committee and not the Finance and Performance Committee.

The Board of Directors noted the report.

### **TB/2020/51 BOARD ASSURANCE FRAMEWORK (BAF)**

The Board of Directors received a report on the Board Assurance Framework (BAF) presented by the IDG.

The following key points were highlighted:

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- It is clear, following the CQC report, that a review of the BAF needs to be carried out in line with the Operational Plan and new Clinical Strategy, with a starting point of measurable SMART strategic objectives.
- Rather than focusing on corporate risk scores of 16 and above, the Trust will now be focusing on scores of 15 and above. Based on current risks, this will mean Committees reviewing around 100 risks rather than 60
- There is a trend in the operational risks around ageing equipment. It was noted that life cycle management of equipment had been put back in place, led by the FD.
- A greater number of risks had been flagged from different areas of the Trust than was usual and this was seen as evidence that staff feel more comfortable in highlighting risks than they had previously.

Prof Deadman (NED) highlighted Risk 561 (If we do not have system-wide effective processes in place then we will not achieve national performance standards for key planned activity) and sought assistance of the Executive in reviewing the wording.

**Action:** IDG to lead review of the Board Assurance Framework.

The Board of Directors noted the report.

## **TB/2020/52      AUDIT AND RISK ASSURANCE COMMITTEE REPORT**

The Board of Directors received the Audit and Risk Assurance Committee Report of 14 February 2020 presented by Mr Bristlin (NED), Chairman of the Committee.

The following key items had been reported to the Committee:

### Annual Leave and Medical Waiting List Initiatives (WLI) Audits

The MD had provided an update in response to recent audit recommendations. The Senior Medical Leadership Team along with the BMA representative and the LNC are reviewing the Annual Leave Policy to ensure there is clear guidance provided to doctors and operational managers. The MD gave assurance that regular ongoing audits will be carried out to measure compliance. The MD noted that the Additional Clinical Activity Policy (previously WLI policy) is also being reviewed and that he had written to medical colleagues to reiterate key points.

Prof Deadman (NED) highlighted that some elements of the WLI policy appear to have now been reviewed several times. The CEO stated that she would review the audit report, and noted that there is a clear approach that can be taken on this, with the assistance of the MD, FD and AWD.

**Action:** Chief Executive (AWD) to take forward a review of the WLI policy and previous reviews.

### Payments and Creditors – Better Practice Code

The Trust had breached its internal performance target on a number of occasions and work is underway to identify the reasons for this. Work will focus on the purchase to pay cycle and where invoices are held up in the process. Mr Bristlin was pleased to note the comment from the FD under the earlier Performance Report that, in line with national NHS support for the wider economy, the Trust will be paying suppliers as quickly as possible over the coming months.

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### Internal Audit Progress Reports

The Committee was concerned that capacity issues within the Trust were causing a workload in the final quarter that would be challenging to deliver on. The Committee asked that this was raised by the Chief Executive with the Executive Team, for consideration to be given to allocating sufficient resource to complete the outstanding recommendations and reports, to ensure timelines now agreed with the Internal Audit Team are achieved.

**Action: Chief Executive** to raise with Executive Directors

### Risk Appetite Statement

A revised version is to be circulated to the Executive Team for comment prior to referral to the Trust Board for approval.

**Action:** The IDG is to work with the Executive to develop the Trust's Risk Appetite Statement

### CNST Incentive Scheme Rebate Review

Fieldwork has been completed and is currently being reviewed, and an action plan being agreed with Deloitte. To be received at the next Audit and Risk Assurance Committee meeting on 7 April 2020.

The Board of Directors noted the report.

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## **CHARITABLE FUNDS COMMITTEE REPORT**

The Board of Directors, as Corporate Trustee of SaTH Charity, received the Charitable Funds Committee Report of 14 February 2020, presented by Mr Allen (A.NED), Chairman of the Committee.

The following key items had been reported to the Committee:

- From 1 April 2019 – 31 January 2020 the Charity had received donations and legacies of £603,000 whilst it had spent £517,000 on charitable activities. The available balance was £1,789,125.
- It was acknowledged that a strategy was in place to reduce the overall charitable fund balance, and it was agreed that this should become a key focus for the Committee. It was noted, however, that the spend rate had actually increased but there had been a higher level of donations compared to the same period in the previous year
- A review had taken place of the 105 charitable funds which cover services and wards across RSH and PRH with a view to consolidation. This would provide greater clarity of SaTH Charity's fund structure and reduce some administration relating to fund management and processing. Communication with areas most impacted by the proposed changes had taken place and further discussions were planned
- SaTH Charity income for the period November 2019 – January 2020 was £244,853, compared to the same period last year of £96,419. The Committee noted the excellent fundraising initiatives which had taken place, both within the Trust and by external organisations. Consideration to be given to publicising these achievements more widely.

The Board of Directors, as Corporate Trustee of SaTH Charity, noted the report.

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**TB/2020/54 ANY OTHER BUSINESS**

The CEO informed the Board of Directors that an experienced retired Chief Nurse has offered her services to the Trust for the duration of the Covid-19 pandemic, and the DNQ has agreed she will be Associate Director of Infection Prevention and Control, working 'on the ground' to reinforce good practice.

**TB/2020/55 OPEN FORUM**

The Board of Directors considered the following written questions which had been received in advance from the public.

Covid-19

Questions had been received about facilities for staff - free parking provision, a grocery collection service, and better catering provision.

*The Board is pleased to report that all of the above have now been introduced (free parking provision is in line with national guidelines).*

The COO confirmed that work is underway for the Apley Ward at PRH to be used as an isolation ward.

Transforming Care

In response to a query, the Board believes that the Transforming Care Programme is delivering real improvements.

**TB/2020/56 BOARD PERFORMANCE AND REFLECTION**

The Chairman asked members to contact him by email if they had feedback on what had gone well at the meeting, or with suggestions for improvement.

Prof Purt (NED) suggested that a Wifi Signal Booster would aid the smooth running of the meeting.

**Action: FD** to progress signal booster with IT

**TB/2020/57 DATE OF NEXT PUBLIC TRUST BOARD MEETING**

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**The meeting closed at 13.30**