



The Shrewsbury & Telford Hospital NHS Trust

Board of Directors meeting in PUBLIC

13:00 - 17:30 on Thursday 30 July 2020 via MS Teams

Minutes

NAME	TITLE	ITEM
MEMBERS		
Mr B Reid (BR)	Chairman	
Mrs L Barnett (LB)	Chief Executive Officer (CEO)	
Miss M Bayley (MB)	Interim Chief Nurse (ICN)	
Ms T Boughey (TB)	Non-Executive Director (NED)	
Mr A Bristlin (AB)	Non-Executive Director (NED)	
Mr D Brown (DB)	Non-Executive Director (NED)	
Prof. C Deadman (CD)	Non-Executive Director (NED)	
Mr J Drury (JD)	Interim Finance Director (IFD)	
Dr D Lee (DL)	Non-Executive Director (NED)	
Mr N Lee (NL)	Chief Operating Officer (COO)	
Prof. T Purt (TP)	Non-Executive Director (NED)	
Dr A Rose (AR)	Medical Director (MD)	
APOLOGIES		
Mr D Holden (DH)	Interim Director of Governance (IDG)	
ATTENDEES		
Mr T Allen (TA)	Associate Non-Executive Director (A.NED)	
Ms R Boyode (RB)	Acting Workforce Director (AWD)	
Mrs J Clarke (JC)	Director of Corporate Services (DCS)	
Mr B Newman (BN)	Associate Non-Executive Director (A.NED)	
Mr C Preston (CP)	Interim Director of Strategy & Planning (IDSP)	
Ms S Rostron (SR))	Improvement Director (ID)	
Mr N Tully (NT)	Senior Communications Manager – NHSEI Midlands	
Ms N Wenlock (NW)	Director of Midwifery (DM)	Items 103 & 108
Ms P Neil (PN)	Interim Board Secretary (IBS)	Minutes

No. 2020	ITEM	ACTION
	GENERAL BUSINESS	
2020/094	Welcome and apologies. The Chairman welcomed directors of the Board and apologies were noted as above. The Chairman welcomed Suzanne Rostron, the new Improvement Director for the Trust. Suzanne will report to the CEO and into NHSI	

	and will oversee the Trust Improvement Team, whilst individuals report to Directors to support delivery of the key priorities. She replaces Annemarie Vicary, Improvement Director – NHS Improvement.	
2020/095	<p>Quorum</p> <p>The Chairman declared the meeting quorate.</p>	
2020/096	<p>Register of Interests</p> <p>The members of the BoD confirmed they had no additional interests to declare, particular to the agenda, not previously declared to the Trust.</p>	
2020/097	<p>Minutes of the previous meeting.</p> <p>The minutes of the previous meeting were approved as an accurate record.</p>	
2020/098	<p>Action Log</p> <p>2020/46 <u>HTP</u> – ACTION CLOSED</p> <p>2020/47 <u>COVID-19</u> – ACTION CLOSED</p> <p>2020/48 <u>Quality Improvement Plan</u> – The ICN confirmed that the PMO team is currently working with the care groups to ensure visits formed part of the QIP. More work is to be undertaken which will be completed by 01/09/20.</p> <p>2020/51 <u>BAF</u> – the CEO confirmed as an urgent action, that the IDG will overhaul the BAF and re-present to the BoD. The IDS&P confirmed that an outline of proposed dates for improving risk management in the Trust has been included in the section on risk in the IPR. The revised BAF will be presented and discussed at a BoD seminar session in November 2020.</p> <p>2020/52 <u>Waiting List Initiatives [WLI]</u> – the ICN confirmed the Annual Leave policy has been signed off. The WLI policy and the actions from the audit will be taken back to the Audit & Risk Assurance Committee in September 2020.</p> <p>2020/52 <u>Internal Audit Progress Reports</u> – Mr Bristlin confirmed the A&RAC are aware that this is an issue which now forms part of the standard A&RAC process. The ICN confirmed weekly progress updates are provided at the Executive Team meeting and assurance will be confirmed at the A&RAC in September 2020.</p>	

	<p>2020/52 <u>Risk Appetite Statement</u> - a revised version of the risk appetite will be discussed at the Board of Directors' Development Session in November 2020</p> <p>2020/56 <u>SECC WiFi Signal Booster</u> – the IDF to confirm when this has been actioned.</p> <p>The Board of Directors noted the action log and updates provided.</p>	
2020/099	<p>Matter Arising</p> <p>No matters were raised not already covered in the agenda.</p>	
	<p>UPDATES</p>	
2020/100	<p>Chair's Report</p> <p>The paper regarding complaints made to the Care Quality Commission by Mr Lesley Small was presented by the Chairman.</p> <p>With regard to the complaints made by Mr Lesley Small, it was noted how sorry colleagues were to hear that Mr Small had died in October 2019. The Trust would like to put on the record, the contribution Mr Small had made to the management of asbestos in the Trust.</p> <p>A full asbestos review across the RSH Trust site is to be undertaken. It was noted that the Trust has an Asbestos five year rolling programme of re-surveys (ie 20% per site per year in line with guidance) in order that both main sites are fully up to date with requirements. However, on the RSH site, due to the discovery of asbestos in the plant room after a previous “full clearance” notice was issued by the contractor, the Trust is carrying out a full survey. Tendering for this work is under way with interviews for the preferred provider to take place in early October, 2020.</p> <p>The matters highlighted by Mr Small had been resolved and no further action is being taken against the Trust or costs incurred by the Trust.</p> <p>The Board of Directors noted the report.</p>	
2020/101	<p>Chief Executive's Report (CEO)</p> <p>The CEO highlighted a number of key points within the report.</p> <p>Quality Improvement Plan actions were being taken and regular updates would be provided to the Board of Directors regarding the progress and embedding of actions.</p>	

	<p>COVID-19 and winter planning is currently being undertaken both at the Trust and local system level to ensure that risks are identified and mitigating actions taken to improve resilience of services and support colleagues and patients throughout the winter period. However, it was expected to be a challenging period and significant further work will be required to strengthen the winter plan.</p> <p>Information requested for the Ockenden Review was being provided to support the review. Learning from the review will be embraced by the Trust. An open letter has been written to the communities we serve, apologising that we have let families down and confirming our commitment to learn lessons and improve care for families.</p> <p>A Community Engagement Programme plan is being developed to involve our local communities in shaping care delivered at the Trust. Progress on this plan will be reported to the Board of Directors at the next meeting in public in October 2020.</p> <p>The following points were discussed:</p> <p>The rural MLU service is temporally closed for birthing due to the pandemic. Separately, the ICN confirmed that the public consultation by the CCG is not yet concluded.</p> <p>A national initiative regarding virtual outpatient clinics, operated by local CCG/Trusts, the 'Attend Anywhere' approach is being promoted through the system as a key element of the restoration planning. The COO confirmed that an acceleration process across SaTH is currently under way. The IDF confirmed that a shared learning approach is being explored with Barts Health NHS Trust.</p>	
2020/102	<p>Board Assurance Framework [BAF]</p> <p>The Board of Directors were asked to:</p> <ol style="list-style-type: none"> 1. Approve the BAF, noting that it had only been presented in summary high-level format as it was being reviewed and updated and; 2. Note the four questions posed to Assurance Committees for reviewing and updating the individual risks on the BAF. <p>The following points were discussed:</p> <p>The CEO advised that further work will be needed to clarify the appetite for risk at the Trust. The new BAF will be presented to the Board of Directors at the next meeting in public on 8 October 2020. The current position regarding the BAF was noted.</p>	
QUALITY & SAFETY		

2020/103	<p>Quality & Safety Assurance Committee Report [M3]</p> <p><i>Nicola Wenlock joined the meeting.</i></p> <p>The paper was presented by Dr Lee.</p> <p>The Board of Directors were asked to note the report and assurances provided. The following matters were discussed:</p> <p>The committee discussed and considered the extent to which the Assurance Committees are working on the Board of Directors' behalf, recognising that the role of the committees is to provide assurance, not reassurance to the Board of Directors based on reliable data.</p> <p>Work is required to ensure that there are appropriate schematic drawings for piping and wiring within the Trust. There remains a potential risk within the Trust should there be a significant 2nd wave of COVID-19, greater than the level seen in the 1st Wave. Work is planned to address this and the Trust is currently on a waiting list for this work to occur.</p> <p>Whilst the level of falls is below the national threshold, there is a need to focus on falls prevention and management which is a priority area within the quality improvement plan.</p> <p>Emergency Department actions are currently on track and 65% have been completed. However, further work is required regarding the unscheduled care pathway to ensure that the Trust improves the experience for patients.</p> <p>The Trust has a system in place to ensure external reports and revalidations are reviewed, shared and action taken as appropriate. The Chairman reiterated that in the first instance, external reports should be seen by relevant committees.</p> <p>A new Maternity dashboard had been implemented. The Chairman suggested this could be made available to the public on a regular basis in the future.</p> <p>In relation to the RCOG report, the importance of ensuring good governance was highlighted, discussed and agreed by all colleagues.</p> <p><u>Annual Safeguarding Adults, Children & Maternity Report</u></p> <p>Dr Lee confirmed that the key issue with regard to Safeguarding is the requirement that appropriate staff training is put in place. In particular, Level 1 training which currently is not at satisfactory levels. A gap in the adult safeguarding training specifically around</p>	

	<p>mental capacity was highlighted in the report whereby deprivation of liberty safe-guarding training currently stands at 16% compliance. It was confirmed that there was a new adult safeguarding lead and a new mental health nurse in post. The Board of Directors will be updated on the review of the safeguarding action plan with clarity on staff training in the future.</p> <p>ACTION: DN to review the safeguarding action plan and report to the Board of Directors at the next meeting.</p> <p>The Chairman requested all reports submitted to the Board of Directors identify in the report the pathway through which the report has been seen by committees.</p> <p>The members noted the report and assurance provided.</p> <p><u>Infection Prevention & Control Annual Report</u></p> <p>The report was presented to the Quality & Safety Assurance Committee highlighting the Trust's compliance in relation to national standards and the Code of Practice.</p> <p>The Board of Directors were asked to note the report and the following points were discussed:</p> <p>The Trust was over target with 54 Clostridium Difficile cases against the target of 43. Whilst work needs to be undertaken, the Trust is not a significant outlier and the Trust continues to investigate and report to the CCG, their current compliance and actions on C.Difficile during the pandemic.</p> <p>20 cases of lapses in care were identified in the report. The ICN was asked to ensure that the next Annual Report included a sufficient level of detail as to outcomes of what actions have been taken.</p> <p>The Trust achieved a 97% NHSI rating of the Infection Prevention and Control (IPC) Programme for 2019/20 moving from red to green. This was subsequently downgraded in the CQC Report on 8 April 2020. Work is ongoing to address IPC issues to improve the Trust's compliance, which should in turn achieve an improved rating when next reviewed.</p> <p>The Commodes audit identified 26% of the commodes were not rated as clean and stored correctly. Audits have been reinstated on all clinical areas.</p> <p>A risk regarding the number of side rooms was highlighted and infection control management actions discussed.</p> <p>The Board of Directors noted the report.</p>	<p>DN</p>
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	<p><u>Complaints Annual Report</u></p> <p>The report was presented to the Quality & Safety Assurance Committee.</p> <p>The following points were discussed:</p> <p>The introduction of a new bereavement service had positively impacted the number of complaints submitted.</p> <p>In future, there would be a focus on communication and training to address themes emerging and ensure learning is taken forward to improve care for patients, together with feedback to the local community of the progress made.</p> <p>A new complaints policy with explicit timelines for actions and outcomes has recently been approved and shared at the Quality & Safety Assurance Committee.</p> <p>The Board of Directors noted the report.</p> <p><u>National Patient Survey 2019/20</u></p> <p>The following points were discussed:</p> <p>The report, published on 2 July 2020, for the previous year (September / December 2019 for patients treated in July 2019) noted that the response rate was above the national average. As the report was from last year, a proactive process for gaining immediate feedback from the patients has been implemented across the wards to ensure action can be taken to address issues immediately.</p> <p>Discharge from hospital and hospital food were the main areas where improvement is required. Patient facilitators were now in place to process the discharge of patients and enhanced discharge summaries were being introduced.</p> <p>Actions are being introduced to implement a greater choice of food for patients whilst they are in hospital. A standard approach to food is being trialled in August 2020 at the RSH site and will be rolled out in September 2020, across both sites to standardise the system.</p> <p>ECIST has been commissioned to work with the Trust on the values stream including ward rounds and discharge activity. The COO will build the survey results into the ECIST work.</p> <p>The Board of Directors noted the report.</p>	
2020/104	CNST Maternity Incentive Scheme – NHS Resolution – Year 3 progress and action	

The Chairman welcomed the Director of Midwifery, Nicola Wenlock, to the meeting.

The papers presented by the Director of Midwifery included:

1. PMRT
2. Q4 Staffing

The Board of Directors were asked to receive the current position statement and note a report will be presented bi-monthly to the Board of Directors meeting in public and where requested, to the Board of Directors' meeting in private for assurance. The following points were discussed:

The team feel supported by the Board of Directors and other staff at the Trust. Good lines of communication have been established with Executive and Non-Executive Directors.

The DoM assured the Board of Directors that placement of midwifery lead care in the community was being reviewed along with staffing resources to ensure patient safety. The consultation will determine what the community want from a maternity service and where it should be placed.

Mr Deadman challenged the data in the report for the purpose of assurance through the various channels to the Board for approval. DoM confirmed the reporting process for cases had been interrogated to determine the information on cases reported by the team and cases reported by the Legal Team to NHS Resolution were consistent and accurate. Any anomalies in data input are investigated and signed off by the Deputy Director of Midwifery or a Matron. Actions are closed based on evidence.

The Women and Children's teams are focused on strengthening the governance processes and assuring they are aligned to NICE and national guidance for the delivery of safe care.

Some aspects of patient feedback related to communication from the Trust. More recently this has been in relation to changes in the service as a result of Covid-19. An increased visibility of service leaders in clinical areas has positively impacted staff morale. Live channels have been created through which staff can raise safety concerns with senior leaders.

Further work is being undertaken with teams to explore how to improve the management of communications.

The CEO confirmed an independent expert panel, chaired by Mr Bill Kirkup has been convened and Terms of Reference provided to the Board of Directors.

	<p>The Board of Directors thanked the DoM for her report.</p>	
020/2105	<p>Maternity Assurance Committee Report [M3]</p> <p>The paper was presented by Mr Bristlin.</p> <p>The Board of Directors were asked to note the paper. The following points were discussed:</p> <p>The Trust will ensure that it fully supports the Police investigation.</p> <p>A detailed process has been developed and agreed at the Maternity Assurance Committee and at the Quality & Safety Assurance Committee for CNST governance.</p> <p>The comprehensiveness of the Maternity Improvement Plan was noted by the Board of Directors. The summary showed reasonable progress on all the items. It was presented to the BoD meeting to demonstrate the structure and extent of the detail but was recognised as being work in progress.</p> <p>It was confirmed that Louise Donovan had recently joining the Trust and will be overseeing the Maternity Transformation Plan.</p> <p>The Board of Directors noted the report and assurance provided.</p>	
2020/106	<p>Emergency Department Assurance Committee Report [M3]</p> <p>The paper was presented by Mr Purt .</p> <p>The Board of Directors were asked to note the report and assurance provided.</p> <p>The following points were discussed:</p> <p>Focus had been on performance, activity and the CQC Improvement Tracker. The Committee noted the CQC Improvement Plan was on track with a significant number of the 157 actions in the Quality Improvement Plan now either complete or embedded.</p> <p>Clinical staff recruitment had improved with a number of the leadership roles currently progressing through the recruitment process.</p> <p>Included in the report was a number of alerts that had been provided to the Committee and for the Board of Directors to be aware of.</p> <p>Whilst actions continue to be taken to improve the quality of care, staffing and support leadership within the Department, the challenge this Winter will be capacity and demand. The funding</p>	

	<p>support for the same day emergency care (SDEC) at RSH will be critically important.</p> <p>In response to a number of questions from Non-Executive Directors, the MD confirmed that the expectation was that there was a risk that a number of smaller Covid-19 outbreaks might well occur. The need to move medical work to Telford could arise to accommodate some of the surgical specialties.</p> <p>The Board of Directors noted the report and assurance provided.</p>	
2020/107	<p>COVID-19 Assurance Committee Report [M3]</p> <p>The paper was presented by the Chief Operating Officer (COO).</p> <p>The Board of Directors were asked to note the report and the assurance provided. The following points were discussed:</p> <p>The current low status of Covid-19 patients in the hospital does not preclude any impact on the Trust from patients attending the hospital who are as yet undiagnosed. Infection Prevention and Control measures are in place.</p> <p>The key focus is currently balancing capacity and demand and on the recovery of services. The majority of services whilst in place have not returned to a pre-Covid-19 activity levels.</p> <p>The immediate priority is to reduce the over 62 and 104 day patient waiting list backlog and every effort will be made to treat patients on pathways in a timely way.</p> <p>It was reported that Diagnostic demand remains high. CT, MR and Ultrasound have significant backlogs of cases due to the impact of the pandemic.</p> <p>With regard to RTT, the Trust has an increased over-52 week wait for patients and is working hard to restore services and meet patient needs. Continued use of the Nuffield will be play a key role in helping reduce the pressure on services.</p> <p>A short survey will be undertaken in August 2020 to identify learning and improvements in future management of Covid-19.</p> <p>A number of submissions had been made to NHSI requesting funding for additional capacity. Capacity and demand models have been developed to address backlog scenarios – RTT, modalities in diagnostics and a plan of action for cancer. A number of additional sessions had been put in place for cancer waits and a contract for additional ultra-sound has been put in place.</p> <p>The Board of Directors noted the report.</p>	

2020/108	<p>Quality Improvement Plan including Maternity Improvement Plan</p> <p>The paper was presented by the Interim Chief Nurse (ICN).</p> <p>The Board of Directors were asked to note the paper and the following points were discussed:</p> <p>An unannounced visit by the CQC took place on 10 June 2020. The paper submitted with the papers for this meeting outlined the key areas of feedback from that visit.</p> <p>Dr Lee confirmed feedback from the Quality & Safety Assurance Committee on the Quality Improvement Plan was positive, with good progress and an improved reporting system now in place.</p> <p>In regard to the Maternity Improvement Plan, currently only four out of a total of 55 actions are currently off-track.</p> <p>The Directors noted the update regarding the MIP, previously presented to the Maternity Assurance Committee.</p> <p><i>Nicola Wenlock left the meeting.</i></p>	
	ACCOUNTABILITY & OPERATIONAL PERFORMANCE	
2020/109	<p>Integrated Performance Report [IPR]</p> <p>The paper was presented by the Chief Executive and Interim Director of Strategy & Planning (DSP) who outlined how the report was expected to be further developed over the coming months.</p> <p>The Board of Directors agreed that the report should in future be more forward focused, identify actions taken to manage risk and have clearer links through to assurance committee reporting. All assurance committees should have reviewed relevant sections of the report before submission to the Board of Directors.</p> <p>Dr Lee advised of a discussion that had taken place at the Quality & Safety Assurance Committee about the performance data relating to VTE risk assessments. Although the data is not currently being collected nationally, the Trust must ensure that the performance data is collected and included in the performance dashboard (page 216 – Overall Performance). It was confirmed that this data is now being collected and will be shown in future reports.</p> <p>Over the remainder of the year, a number of Trust Board Seminar sessions will be scheduled to support the design of a best-practice performance dashboard and to improve the Board's knowledge of how to interpret the data. The members agreed that the future version of the dashboard should include analysis of where the Trust</p>	

	<p>is now, identify actions implemented, residual risk and outline forward plans and trajectories.</p> <p>There is currently a focus on securing additional resources (with the support of NHSE/I) to support the Trust's performance reporting and business intelligence capabilities.</p> <p>The Board of Directors noted the content of the paper and supported the actions being progressed.</p>	
2020/110	<p>Finance & Performance Assurance Committee Report</p> <p>The verbal update of the F&PAC [M3] meeting held on 28 July 2020 was provided by Clive Deadman.</p> <p>The following points were discussed.</p> <p>At the meeting on 28 July 2020 comparative information from other Trusts was discussed revealing that SaTH is performing similarly to other Trusts in some areas with the exception of diagnostics and A&E, where the Trust has significant performance issues.</p> <p>The ongoing cost of providing services in the context of Covid19 is difficult to gage. However, the Trust was following the national guidance and continuing to plan and forecast accordingly. Investment in capital will be key to ensuring sufficient capacity to meet demand and a number of capital requests had been made and external support needs have been escalated.</p> <p>The Board of Directors noted the verbal report.</p>	
2020/111	<p>Sustainability Assurance Committee Report (SAC)</p> <p>The verbal update of the SAC meeting held on 23 July 2020 was provided by Mr Purt.</p> <p>The following points were discussed:</p> <p>The meeting focused on Digital Plan updates, the Hospital Transformation Programme update, Estates, the Operational Plan key objectives and the business case for Office 365.</p> <p>Work is progressing well on the Community Model with a report anticipated by the end of August 2020. The HTP non-clinical workstreams, the Community Engagement workstream, the Clinical Quality workstream, and the Procurement workstream have all moved to green. The Digital Plan is being relaunched. A Chief Clinical Information Officer (CCIO) had been appointed. The Clinical Care Group Digital leads will be appointed shortly. Bids had been submitted for additional capital to improve capacity on modular beds and ED re-design.</p>	

	The Board of Directors noted the verbal report.	
2020/112	<p>Workforce Assurance Committee Report (WAC)</p> <p>The verbal update of the WAC meeting held on 28 July 2020 was provided by Ms Boughey together with the report on the WAC meeting held on 15 June 2020.</p> <p>The following points were discussed:</p> <p>The BAF for Workforce is currently out of date. Work is being undertaken on this with the support of Dr Kevin Street, Senior Risk Officer for the Trust. The Committee had been advised that Workforce will be the first to pilot the new BAF format. The Covid19 risk assessment for different ‘at risk’ groups was discussed.</p> <p>Many overseas Nurses have been impacted by lockdown restrictions in their country of origin. The SaTH team had been in regular communication with prospective nurses. Progress on their arrival at SaTH is expected shortly but the Board of Directors was advised that delays in their arrival combined with implications for isolation and the re-establishment of OSCI means the original timetable had been impacted.</p> <p>The Committee were informed in June that the BAME risk assessments rate was 86%. The COO confirmed that the BAME risk assessments are now complete for all but one member of staff who is currently not at work.</p> <p>A theme had emerged through the ‘Freedom to Speak Up’ programme that some re-deployed staff are feeling undervalued. The Workforce Directorate is looking at ways that appropriate acknowledgement and recognition be given to these employees.</p> <p>The Board were informed that there had been a request to disband the Recruitment and Retention Sub-Committee and whilst it was acknowledged the work currently being undertaken by the Workforce Team had significantly improved on recruitment and retention, it was advised that the WAC agreed that the R&R Sub-Committee should not at this time be disbanded until the agreed milestones and outputs had been achieved. However, there would be further discussions to determine the way forward.</p> <p>The Board of Directors noted the verbal update.</p>	
	STRATEGY & STRATEGIC PLANNING	
2020/113	Public Participation – update	

	<p>The paper was presented by the Director of Corporate Services (DCS).</p> <p>The Board of Directors were asked to note the paper and the following points were discussed.</p> <p>A set of key performance indicators had been created to measure performance against targets. The DCS suggested that reaching out and engaging with the community was really important to ensure that feedback from the community is embraced and that our local population have the opportunity to contribute to the improvement and design of services.</p> <p>The Board of Directors noted the report.</p>	
	GOVERNANCE	
2020/114	<p>Audit & Risk Assurance Committee</p> <p>The paper was presented by Mr Bristlin.</p> <p>The members were asked to note the content of the paper and the following points were discussed.</p> <p>The ARAC requested the Board endorse a recommendation that single source waivers are only executed under exceptional circumstances.</p> <p>The ARAC wish to assure the Board of Directors that all necessary annual reports and accounts for 2019/20 were submitted on time and that the Auditors were content with the reports.</p> <p>With regard to internal Audit reports, the Committee wish to advise that the DATIX Clinical Management Report and the Recruitment Report show that significant areas of improvement are needed. Progress will be tracked.</p> <p>In Deloitte's Annual Report on the Board Assurance Framework, the assurance was downgraded from moderate to limited in the financial year 2019/20. It was noted that work was underway to substantially update the BAF as discussed previously.</p> <p>The Board of Directors noted the report and endorsed the recommendation on single source waivers.</p>	
2020/115	<p>Governance Report</p> <p>The Board of Directors noted the report.</p>	
2020/116	<p>Annual Audit Letter</p>	

	<p>The paper was presented by the Interim Director of Finance (IDF).</p> <p>The Board of Directors discussed the statement in the Auditor's letter, that <i>'in the 2019/20 year the Trust has not put in place proper arrangements to secure economy, efficiency and effectiveness for the following reasons... (Paragraph 6.) the investigation by Donna Ockenden.'</i> and concluded, that the IDF investigate why the letter on value for money including the economy, efficiency and effectiveness of the Trust for the year 2019/20 made reference to the impact of Donna Ockenden's work.</p> <p>ACTION: IDF to confirm the basis for the reference in the letter.</p> <p>The Board of Directors approved publication of the Annual Audit Letter on the Trust's website subject to clarification of the above point.</p>	IDF
2020/117	<p>Cycle of Business</p> <p>EDAC to be moved from Accountability & Operation to Quality & Safety in the Cycle of Business.</p> <p>The Board of Directors approved the Cycle of Business subject to the above change.</p>	
	ANY OTHER BUSINESS	1630
2020/118	<p>COVID-19</p> <p>The meeting due to be held after the Board of Directors' meeting in public was stood down. All relevant matters having been discussed at this meeting.</p> <p>NICE guidance in place for planned care patients</p> <p>The COO confirmed the plan to repatriate the trauma service to SATH and that consideration was being given to the associated transfer of IP Cardiology to PRH creating a single centre, which would bring improvements for the cardiology team and service and also free up capacity on the RSH site.</p> <p>Winter planning is underway including the potential for further waves of Covid-19 and lessons learned.</p>	
2020/119	<p>Ethical decisions for elective activity</p> <p>The Board of Directors agreed that the Trust's Ethics Committee should be consulted on how ethical considerations are taken into account when reviewing and managing the pathways for elective activity moving forward.</p>	

	ACTION: MD to initiate work on ethical decisions by the Ethics Committee for elective activity.	MD
2020/120	<p>Drafting Board papers</p> <p>The Board of Directors agreed the information provided by Mr Bristlin from Board Intelligence on drafting board papers should be circulated to all Executive Directors by Mr Newman.</p>	
2020/121	<p>Bev Tabernacle</p> <p>The Board of Directors thanked Bev Tabernacle for her work at the Trust and wished her well on secondment at Stockport NHS Foundation Trust.</p>	
QUESTIONS FROM THE PUBLIC		
2020/122	<p>A number of questions and statements were received from members of the public. At this time of Covid-19, we advised that it was not possible to discuss the questions from the public in the Board of Directors meeting, some of this due to current information technology and also social distancing with the pandemic. Individuals were contacted to ensure that questions raised had received satisfactory answers.</p> <p>In responding to questions, we would advise that in advance of the last meeting of the Board of Directors, we advised Claire Howard, Parkinson's UK that the Trust had a Parkinson's Specialist Nurse in post and was in the process of recruiting to a further post.</p>	
NEXT MEETING		
2020/123	<p>Date of next Board of Directors' meeting in public:</p> <p>13:00 on Thursday 8 October 2020</p> <p>Via MS Teams</p>	
MEETING CLOSED		