

**The Shrewsbury & Telford Hospital NHS Trust**

Board of Directors meeting in PUBLIC

Thursday 5 November 2020 via MS Teams

**Minutes**

NAME	TITLE	ITEM
<b>MEMBERS</b>		
Dr C McMahon (CM)	Chair	
Mrs L Barnett (LB)	Chief Executive Officer (CEO)	
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)	Joined 13:51
Mr J Drury (JD)	Interim Finance Director (IFD)	
Ms H Flavell (HF)	Director of Nursing (DN)	
Mr N Lee (NL)	Chief Operating Officer (COO)	
Prof. T Purt (TP)	Non-Executive Director (NED)	
<b>APOLOGIES</b>		
Dr A Rose (AR)	Medical Director (MD)	
Dr D Lee (DL)	Non-Executive Director (NED)	
Ms N Wenlock (NW)	Director of Midwifery (DM)	Item 165
<b>ATTENDEES</b>		
Mr T Allen (TA)	Associate Non-Executive Director (A.NED)	
Ms R Boyode (RB)	Acting Workforce Director (AWD)	
Dr M Cheetham (MC)	Care Group Medical Director for Scheduled Care	
Mrs J Clarke (JC)	Director of Corporate Services (DCS)	
Ms A Milanec (AM)	Director of Governance & Communications (DGC)	
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)	
Ms C West (CW)	Chief Transformation Officer UHB (CTO-UHB)	
Ms P Neil (PN)	Interim Board Secretary (IBS)	Minutes

No. 2020	ITEM	ACTION
<b>GENERAL BUSINESS</b>		
2020/156	<p><b>Welcome and apologies.</b></p> <p>The Chair welcomed all those present, and observing members of the public attending the meeting via the live stream. Apologies were noted.</p> <p>The Chair advised the meeting that as a result of the raised Covid-19 incident level all staff in the Trust will be wearing face</p>	

	<p>masks unless working in a single room. Hence, three colleagues seated together, would be wearing surgical face masks throughout the meeting.</p> <p>The Chair thanked all members of the public who attended the previous Board of Directors' meeting in public on 8 October 2020 and provided feedback. A white background with the staff members' name and job title is now being used by all Board of Directors' attending the meeting to aid recognition of Board members by the public attendees. The digital chat box and show of hands, used by attending members, were brought to the attention of the observing public.</p> <p>The Chair welcomed the new Director of Governance and Communications, Ms Anna Milanec.</p>	
2020/157	<p><b>Quorum</b></p> <p>The Chair declared the meeting quorate.</p>	
2020/158	<p><b>Register of Interests</b></p> <p>The Board of Directors received and noted the register.</p>	
2020/159	<p><b>Minutes of the previous meeting.</b></p> <p>The minutes of the meeting held on 8 October 2020 were approved as an accurate record subject to the following changes:</p> <p>Mr Newman confirmed that suggested amendments to agenda items 2020/131, 202/138 and 202/153 of the minutes had been forwarded to the Board Secretary.</p> <p>The Board of Directors approved the minutes as an accurate record.</p>	
2020/160	<p><b>Action Log</b></p> <p>The Board of Directors received the action log and the updates provided.</p> <p>Actions 2020/61, 2020/62, and 2020/63 were agreed closed and actions 2020/51, 2020/52, 2020/52.1 and 2020/56 were agreed, would remain open.</p> <p>The Board of Directors noted the action log.</p>	
2020/161	<p><b>Matter Arising</b></p> <p>The following matters were raised for discussion:</p>	

	<p>Mrs Barnett clarified the position regarding the MLUs, and that the outcome of the public consultation remained outstanding.</p> <p>Dr Cheetham reported, that the Ethics Committee, convened in March 2020 and staffed by retired doctors returning to work during Covid-19 (Covid), had now been disestablished. A new Ethics Committee, with permanent members of staff and chaired by Dr Amruta Lacy-Colsen (a consultant respiratory physician at the Trust), will be convened in November 2020.</p> <p>It was noted that work had been undertaken to clarify whether all patients on the waiting list wished to proceed with their surgical procedures. Patients wishing to defer surgery due to Covid reasons, had been listed as priority 5, those who had deferred for other reasons had been listed as priority 6, with the remaining patients being prioritised in clinical order, from priority 2 – 4 with priority 1 emergency patients admitted who do not appear on the waiting list. It was noted that those patients with the greatest clinical need would go to the top of the waiting list.</p> <p>No other matters were raised that were not already covered in the action log or agenda.</p>	
2020/162	<p><b>Report from the Chair</b></p> <p>The Board of Directors received the report from the Chair, Dr McMahon.</p> <p>Dr McMahon reported that the Trust's current focus during the second wave of the pandemic was on the quality of patient care being delivered, with a particular emphasis on governance frameworks providing assurance that patient experience and staff wellbeing were also being considered. Covid had shaped the Trust's work during most of 2020 and, with the emergence of a second wave, would continue to influence the Trust's approach in the future by ensuring that patients attending the hospital for treatment were safe.</p> <p>The Board of Directors noted the verbal report.</p>	
2020/163	<p><b>Report from the Chief Executive</b></p> <p>The Board of Directors received the report from Mrs Barnett.</p> <p>Mrs Barnett reiterated that improving the quality of care delivered to members of the community served by the hospital, whilst dealing with the pressures faced due to the second wave of Covid, was the Trust's primary focus. The importance of staff wellbeing was also highlighted recognising the challenges and pressures facing colleagues at this time. It was noted that steps had been introduced to manage and support those members of</p>	

	<p>the community who continued to wait for care, based on clinical risk and priority. The work to develop the Trust's behavioural framework to support the values, was also progressing.</p> <p>The Board of Directors noted the report.</p>	
2020/164	<p><b>Board Assurance Framework (BAF)</b></p> <p>The Board of Directors received the report from the Director of Governance and Communications, Ms Milanec.</p> <p>Ms Milanec advised that the BAF as presented was in a draft format as further work would be undertaken before being signed off by the Board. She explained that the document was a dynamic report which would continue to evolve over the short term with regular input from Executive Directors and challenge from the assurance committees and Board.</p> <p>It was noted that a Board of Directors' Development Session had been scheduled for later in the month, where aspects of the BAF would be discussed in more detail.</p> <p>The Board of Directors received the report.</p>	
<b>QUALITY &amp; SAFETY</b>		
2020/165	<p><b>Quality Improvement Plan</b></p> <p>The Board of Directors received the report from the Director of Nursing, Ms Flavell, and were asked to note the content of the report, the progress made in completing 89% of the total 402 actions within the Improvement Plan, and the move to Phase Two of the Quality Compliance Programme.</p> <p>Ms Flavell reported that, 89% of the 402 CQC actions had been completed with 11 actions remaining outstanding. 55% of actions with warning notices had also been completed.</p> <p>A number of regulatory conditions continued to apply to the Emergency Department, with actions being taken to improve patient experience. One of the improvements made had been the shorter length of time that paediatric attendees to the department were consistently being seen, usually within 9-12 minutes on average. Work was continuing, and further updates would be provided to the Board at further meetings.</p> <p>Particular attention was drawn to pages 43 and 44 in the report to outline the steps being taken to improve patient care and experience, which included sepsis protocol management.</p>	

	<p>Ms Flavell confirmed that monitoring the improvements and progress with the action plan would continue, ensuring that the reporting protocol was robust.</p> <p>Prof. Purt asked if the data in the report was consistent with the data reported to the Quality &amp; Safety Assurance Committee, particularly with regard to the number of actions off track. Ms Flavell confirmed there were five off track actions in total on the action plan (conveyancing; 7 day working; workforce; clinical governance review; and, way finding). Mrs Flavell explained the reasons for this, identifying that another progress status category may be needed to better represent the position rather than 'off track' in this instance.</p> <p>Prof. Purt sought assurance that the CQC requirements for IT in the department were being met. Chief Operating Officer, Mr Lee confirmed that whilst there were delays in a specific IT programme, the ED team were confident they could provide the evidence required to meet the CQC conditions.</p> <p>Ms Flavell reported that whilst 26 Section 31 conditions had been added to the Trust's licence, two Maternity Section 31 conditions had been removed in October 2020, demonstrating an improvement in patient safety and experience.</p> <p>Ms Boughey requested assurance that the embedding process was underway for completed actions. Ms Flavell confirmed that all actions were being embedded into existing clinical practice to ensure sustainability and that this included updating processes, policies, practice delivery and infrastructure, and most importantly, that processes would not be signed off without sustained evidence. Ms Flavell also advised that an informal catch up between senior Trust staff and the CQC takes place every Thursday, and a formal engagement meeting with the CQC, takes place every month to discuss issues and share evidence of progress.</p> <p>The Board of Directors took assurance from the report.</p>	
2020/166	<p><b>Maternity Report - including: Maternity Transformation Plan, CNST, Midwifery Staffing and Perinatal Mortality Review Tool (PMRT) and NHS Resolution (NHSR)</b></p> <p>The Board of Directors received the report from Ms Flavell.</p> <p>Ms Flavell reported that the positive acuity score for the delivery suite in August 2020 was 81%, due to an increased number of babies born in that month. Nineteen 'red flags' relating to staffing had been reported in August 2020, and on one occasion, the labour ward did not have a supernumerary co-ordinator. Mr Bristlin confirmed that no harm came about as a result of the</p>	

	<p>acuity issues or the 'red flags', and it was noted that actions had been put in place to improve the situation.</p> <p>Mr Brown asked if the maternity notes and baby diary were being implemented by the Trust as part of the parent portal on BadgerNet. Mr Drury confirmed that they had been purchased, and Mr Lee confirmed that feedback from mothers on the Telford MLU had been positive.</p> <p>The Board of Directors took assurance from the report.</p>	
2020/167	<p><b>Infection Prevention and Control Report – including IPC BAF</b></p> <p>The Board of Directors received the report from Ms Flavell.</p> <p>She reported that the Trust is currently below its set annual trajectory for post-48 hour C.Diff with 12 cases reported; this was a positive position. She confirmed that all C.Diff cases were investigated and learnings shared. Ms Flavell highlighted that the Trust was performing above the national target for MRSA bacteraemia screening with no cases being reported since April 2019. And she advised that commencing in October 2020, all device related E.Coli bacteraemia and MSSA bacteraemia would be investigated by an RCA process, chaired by the Deputy Director of Nursing with results being reported to the Operational IPC Group and the IPC Assurance Group.</p> <p>It was reported that a number of Covid outbreaks had occurred on four wards on the PRH site and on one ward on the RSH site. An emerging trend with Covid wave 2 cases had been an increase in the number of asymptomatic patients testing positive for Covid on the medium risk pathway. Ms Flavell assured the Board of Directors that a robust screening process was in place with testing on admission and on day five. Currently 37 patients and 15 staff had tested Covid positive, of which 3 had been asymptomatic.</p> <p>Mr Newman asked if the Trust could be doing anything else to assist with testing patients and staff. Ms Flavell suggested that the current programme for testing / swabbing patients and staff was best practice as per guidelines (admission and day 5). She advised that a dashboard will be operational by mid-November to monitor testing compliance across the Trust for admission and day 5 screening. However, she confirmed that contact tracing of asymptomatic patients and staff would be challenging. Mr Lee confirmed that a dozen 'ready rooms' (an isolation option used successfully elsewhere) had been procured for use in high risk and acute medicine areas. Ms Flavell acknowledged that whilst point of care testing would be beneficial, the Trust had only a small number of rapid validated tests per day, the allocation of</p>	

	<p>which were being prioritised to critical care. Wider point of care testing was not currently available, she advised.</p> <p>Mr Newman asked if the Covid testing capacity of the Trust would increase in the near future. Mr Lee advised that the Trust currently has a capability of 428 tests per day which included testing of staff, patient admissions, day 5 testing, patient discharge to another health care setting, elective surgery and endoscopy patients, but that the Trust was investing in equipment and staff to extend the testing capacity.</p> <p>The Board of Directors took assurance from the report.</p>	
2020/168	<p><b>Learning from Deaths Quarterly Report (Aug, Sept &amp; Oct 2020)</b></p> <p>The Board of Directors received the report from Dr Cheetham and noted the content and acknowledged the current performance with regards to HSMR, SHMI and RAMI noting that the Trust remained within the expected range. The Board noted the review of the current mortality systems and processes to bring the Trust into line with the requirements of the National Learning from Deaths Guidance, and the work underway to extract learning from the first wave of the Covid pandemic.</p> <p>Dr Cheetham reported a number of issues relating to mortality performance including how the Trust monitors mortality levels and how each individual death is investigated. He advised that the Trust will be implementing SJR, a tool from the Royal College of Physicians used to investigate a subset of deaths. The Trust will also be implementing the use of the Medical Examiner Service (including how the Trust interacts with bereaved families) on both of its sites. It was also noted that discussions were also underway to establish a Mortality Committee and appoint a new Medical Lead for Mortality.</p> <p>Prof. Deadman asked if the information in the report, stating that Covid deaths were 5 times excess deaths (death due to causes other than Covid), was accurate. In response, Dr Cheetham advised that data for the first two quarters of 2020 would be difficult to interpret for a number of reasons – the number of admissions were lower than usual as people chose not to attend hospital and so, the number of deaths in the community was higher, and Covid had been excluded from the risk adjusted mortality (HSMR). Dr Cheetham confirmed that the risk adjusted level of deaths across the Trust was in keeping with peer organisations.</p> <p>It was noted that work was also being undertaken to examine Covid deaths in more detail using CHKS.</p>	

	The Board of Directors noted the report.	
2020/169	<p><b>Safer Staffing Bi-Annual Report 2020</b></p> <p>The Board of Directors received the report from Ms Flavell and were asked to note the report in regards to the Trust's compliance with Safer Staffing standards and the plans in place to address any risks or gaps.</p> <p>Mr Flavell reported that the first staffing review was completed in January 2020 with a second review in July 2020. Ms Flavell explained the impact that Covid had had on the data caused by decreased bed occupancy during the review months.</p> <p>The Board noted that nurse / patient ratios had improved against the national recommendations and that the data showed that every ward provided details of actual care on the day required – aided by the Covid situation as already explained. There had been an increase in RNs since January 2020 and a decision would need to be made in the near future about the placement of Nursing Associates in the organisation.</p> <p>Prof. Deadman highlighted that the agency spend for the month currently stood at 150% over budget and that there was an absence in the Workforce Report of any connection / link between the availability of nurses and the agency spend. Ms Flavell confirmed that RN vacancies was significant, and that the demand for additional staff was above the quota per shift. It was noted that 212 international nurses had joined the Trust by the end of January 2020, of which 145 were currently in post.</p> <p>Ms Favell recommended that the full report be submitted to the Quality Operational Committee (QOC) chaired by Ms Favell and Dr Rose.</p> <p>The Board of Directors noted the report</p>	
2020/170	<p><b>Report from the Chief Operating Officer</b></p> <p>The Board of Directors received the report from the Chief Operating Officer.</p> <p>Mr Lee reported that the Trust had received a formal notification from NHSE to operate under a national Covid Incident Level 4 on 4 November 2020. Communication was being circulated to all Trust staff on the introduction of a number of new protocols.</p> <p>Mr Lee reported that the Trust currently had 50 cases of Covid, combined across both sites (PRH &amp; RSH), with 8 critical care cases. Pathway challenges were emerging with asymptomatic patients testing positive for Covid.</p>	



	<p>It was noted that the Trust's incident command structure (focussing on Covid, elective surgery and the approaching EU exit) remained in place. Winter planning began in September 2020, with uncertainty on demand, and pressure on capacity remaining a challenge. System wide, clinical prioritisation would remain a key feature of the recovery plan with a reduction of the waiting list backlog being a challenge due to an increase in Covid cases. It was noted that investment was underway in diagnostic imaging.</p> <p>It was noted that a group of colleagues, in conjunction with regional and national colleagues, had convened to closely consider a range of workstreams to manage the EU Exit outcomes.</p> <p>Mr Newman asked, at what stage the Trust would be negotiating partnerships with stakeholders for additional capacity. Mr Lee confirmed that the Trust's Phase 3 plan, aligned to the national recovery plan, had been put in place during September 2020 and ongoing discussions continued with system partners. He added that winter schemes were either in place or in the process of being implemented. Mr Preston added that it was not possible to forecast with absolute certainty the outcomes in the months ahead. He advised that the process remained dynamic with flexible triggers (number of beds, expansion of critical care, use of theatres, staff, etc.), each affecting the requirements.</p> <p>The Board of Directors noted the report</p>	
<b>ACCOUNTABILITY &amp; OPERATIONAL PERFORMANCE</b>		
2020/71	<p><b>Integrated Performance Report [IPR] (M6)</b></p> <p>The Board of Directors received the report from Mrs Barnett.</p> <p>Mrs Barnett reported that the Trust was continuing to improve the quality and use of its data, and the triangulation of hard and soft intelligence to support the delivery of services, improved quality and patient care. She added that to create improvement, the process of interpreting the Trust data needed to be strengthened, incorporating both a retrospect analysis and a forward look to ensure insights and inform decision-making</p> <p>Mr Newman enquired about the absence of the DMO1 (Diagnostic Monitoring) forecast for endoscopy and MRI in the IPR. Mr Lee confirmed that whilst endoscopy was currently behind plan, imaging capacity overall had recently been enhanced with the anticipated arrival of ordered national equipment.</p>	

Mr Newman sought clarity as to whether the adjusted core beds took into account the current bed separation requirements arising from the revised IPC arrangements, separate gender obligations, and the winter plan. Mr Lee confirmed that, whilst the Trust's day to day priority was patient safety, the day by day bed capacity plans continued to be both varied and complex, with outbreak management being strictly controlled. In addition, Dr Cheetham suggested that the Board of Directors may need to make difficult decisions in the future to support clinical decisions regarding same sex breaches over winter 2020/21 arising from the pressures caused by Covid, and winter.

Mr Bristlin enquired whether, in collaboration with system partners, the out of hospital pathways designed for admission avoidance, were working. Mr Lee confirmed that rapid response teams were in place but that the challenge remained with A&E admissions. The 'Think 111 first' scheme, rapid response and SDEC were being promoted as alternative arrangements to using A&E.

Prof. Deadman reiterated a previous concern with the budget showing a nursing staff overspend for the month (budget £1m / spend £2m) and a potential year to date overspend on the budget of £15m (including agency staff). Mr Drury confirmed that the outturn submitted to NHSE/I on 22 October 2020 remained achievable. What was reported did not include the impact of the elective incentive scheme i.e. the Trust's income would be reduced if it did not achieve the percentages of the 2019/20 elective activity. To support the financial position, Dr Cheetham confirmed the recent appointment of four substantive consultants (2 – ophthalmology, 1 maxillo-facial surgery, and 1 critical care) with currently no vacancies in general surgery, vascular surgery, orthopaedic, ENT, ophthalmology, maxilla-facial surgery, haematology and oncology.

Prof. Deadman asked if the agency overspend could impact the outturn provided to NHSE/I on 22 October 2020. Mr Drury advised that the basis of the outturn provided for the second half of 2020/21 was based on the run rate for the first half of 2020/21 which included a level of agency spend. Subject to the impact of the current wave of Covid, staff sickness was consistent with the level of sickness in April 2020. Mr Drury explained that the risk lay with the level of expertise of the agency staff recruited, and added that specialist agency staff, such as critical care nurses, were more expensive. Mr Drury confirmed that the allowance in the outturn submitted to NHSE/I on 22 October was based on the level of expertise required for agency staff recruited in the first half of 2020/21. It was suggested that this risk would be mitigated by the international nurses joining the Trust before Christmas.

	<p>Ms Boughey sought assurance that plans were in place to provide an alternative to the recent cancellation of a number of staff flu vaccination sessions. Ms Boyode explained that staff sickness had resulted in a number of cancellations and that communication had been sent to all staff affected by the cancellations. Ms Boyode also explained that technical problems with the new booking system had been resolved, and everyone affected by the recent cancellations, had been rebooked.</p> <p>The Chair asked how the Trust, as the largest employer in Shropshire, was supporting local, newly unemployed members of the community who found themselves out of a job as a result of Covid. Ms Boyode advised that the Trust had joined forces with BBC Shropshire to support the location of £10m of work for the region, which included Trust vacancies being advertised. To date, £9m of work across Shropshire had been secured through the initiative. In addition, the Trust's apprenticeship scheme was being promoted as a career choice, and the recruitment team had been offering general career advice and coaching via BBC Shropshire. Ms Clarke also confirmed that a number of former Trust volunteers had successfully transitioned to permanent employment with the Trust as a result of their volunteer work during the pandemic; the Chair thanked all volunteers working with the Trust, particularly those who had volunteered during Covid.</p> <p>The Board of Directors took assurance from the report.</p>	
<b>STRATEGY &amp; STRATEGIC PLANNING</b>		
2020/172	<p><b>Winter Resilience Plan</b></p> <p>The Board of Directors received the report from Mr Lee regarding the detailed planning associated with winter 2020/21.</p> <p>Mr Lee reported that the Trust was working with system partners to mitigate risk and was introducing a number of capital schemes.</p> <p>The Board of Directors took assurance from the report.</p>	
2020/173	<p><b>People &amp; Organisational Development Strategy Bi-Annual Report</b></p> <p>The Board of Directors received the report from Ms Boyode.</p> <p>Ms Boyode reminded the Board of Directors of the importance of staff engagement and wellbeing during the challenges of Covid. It was noted that the Trust was undertaking a piece of work to measure the outcome and success engagement with staff on workforce cultural wellbeing.</p>	

	<p>In addition, Ms Boyode highlighted that, despite the challenges associated with face to face training during the pandemic, the Trust remained focused on statutory and mandatory training for all staff, with compliance at 86% on a target of 90%.</p> <p>The Board of Directors noted the report.</p>	
<b>BUSINESS CASES &amp; MOUs</b>		
2020/174	<p><b>Enhanced Middle-Grade Rota Business Case</b></p> <p>The Board of Directors received the report from Dr Cheetham and were asked to approve the business case for two substantive after hours' medical registers.</p> <p>The Board of Directors approved the business case</p>	
2020/175	<p><b>Allocation of Capital Funding – Adapt &amp; Adopt [MOU]</b></p> <p>The Board of Directors received the report from Mr Drury and were asked, due to the timescale for submission (29 October 2020), to retrospectively approve signing of the MoU for additional funding available to the Trust for endoscopy equipment and CT MRI.</p> <p>The Board of Directors retrospectively approved signing of the MoU.</p>	
2020/176	<p><b>Allocation of Capital Funding – Critical Care Resilience [MOU]</b></p> <p>The Board of Directors received the report from Mr Drury and were asked, due to the timescale for submission (29 October 2020), to retrospectively approve signing of the MoU for bio-care pods in ICU (£350k).</p> <p>The Board of Directors retrospectively approved signing of the MoU.</p>	
2020/177	<p><b>Allocation of Capital Funding – Urgent &amp; Emergency Care Programme Refurbishment [MOU]</b></p> <p>The Board of Directors received the report from Mr Drury and were asked, due to the timescale for submission (9 October 2020), to retrospectively approve the signing of the MoU for SDEC.</p> <p>The Board of Directors retrospectively approved signing of the MoU.</p>	
2020/178	<p><b>Allocation of Capital Funding – International Nursing Recruitment Programme, Strand A Bid Outcome [MOU]</b></p>	

	<p>The Board of Directors received the report from Mr Drury and were asked, due to the timescale for submission (28 October 2020), to retrospectively approve the signing of the MoU for bid submitted (£233k).</p> <p>Ms Boughey asked if lockdown restrictions would prevent the overseas nurses from arriving by the deadline of 31 January 2020 and whether the funding was conditional on their arrival by that date. Ms Boyode confirmed that the risk had been recognised nationwide and flexibility had been built into the plan.</p> <p>The Board of Directors retrospectively approved signing of the MoU.</p>	
<b>FOR INFORMATION</b>		
2020/179	<p><b>Governance Report</b></p> <p>The Board of Directors received the report from Ms Milanec.</p> <p>The Board of Directors noted the report.</p>	
2020/180	<p><b>Quality &amp; Safety Assurance Committee Report M6</b></p> <p>The Board of Directors received the report from Mr Newman.</p> <p>Dr Cheetham reported that conventional staffing levels were currently being maintained in ITU, and that publication of revised staffing levels for the second wave of Covid was anticipated this week. Dr Cheetham confirmed, regulators were aware that staff would be working in abnormal circumstances and that a letter was to be circulated confirming that staff will be judged against the standard of 'good people working in abnormal circumstances'. Dr Cheetham advised, that whilst the care of patients was paramount, in a pandemic some controls and some standards may need to be varied given the circumstances, with a deliberate balancing of risk.</p> <p>Ms Flavell confirmed that further work would be undertaken by the Trust for falls with significant harm (10 in 2019/20 and 10 to date for 2020/21).</p> <p>The Board of Directors noted the report.</p>	
2020/181	<p><b>Finance &amp; Performance Assurance Committee Report (Extraordinary Meeting)</b></p> <p>The Board of Directors received the report from Prof. Deadman.</p> <p>Prof. Deadman advised that the forecast outturn submitted to NHSE/I on 22 October was subsequently reduced to £8m as a</p>	

	<p>result of four new minor cost benefits which had arisen since the meeting to approve the submission.</p> <p>The Board of Directors noted the report</p>	
2020/182	<p><b>Finance &amp; Performance Assurance Committee Report M6</b></p> <p>The Board of Directors received the report from Prof. Deadman.</p> <p>The Board of Directors noted the report</p>	
2020/183	<p><b>Workforce Assurance Committee Report M6</b></p> <p>The Board of Directors received the report from Ms Boughey.</p> <p>Ms Boughey offered thanks to Ms Boyode and the Workforce team for their work on the Workforce Assurance Committee.</p> <p>The Board of Directors noted the report.</p>	
2020/184	<p><b>Sustainability Assurance Committee Report M6</b></p> <p>The Board of Directors received the report from Prof. Purt.</p> <p>Prof. Purt advised that a digital road map was circulated as a late paper.</p> <p>The Board of Directors noted the report.</p>	
2020/185	<p><b>Maternity Assurance Committee Report M6</b></p> <p>The Board of Directors received the report from Mr Bristlin.</p> <p>The Board of Directors noted the report.</p> <p>The Chair thanked all Assurance Committee Chairs for their work on the committees.</p>	
<b>OTHER BUSINESS</b>		
2020/186	<p><b>Any other Business</b></p> <p>The Chair thanked David Holden, the departing Director of Governance (Interim) in absentia, for his work leading the governance of the Trust and support to the Chair.</p>	
2020/187	<p><b>Questions from the Public</b></p> <p>The Chair confirmed that all public questions received by the <a href="mailto:sath.trustboardsecretary@nhs.net">sath.trustboardsecretary@nhs.net</a> 48 hours in advance of the meeting will be responded to, if possible, on the day of the Board</p>	

	<p>of Directors' meeting in Public or on the website within a month, unless there are exceptional circumstances to prevent this.</p> <p>No questions from the public were received for this meeting.</p>	
<b>NEXT MEETING</b>		
2020/188	<p><b>Date of next Board of Directors' meeting in public:</b></p> <p>13:00 on Thursday 10 December 2020</p> <p>Via MS Teams</p>	
<b>MEETING CLOSED</b>		<b>1600</b>

DRAFT