



**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 13:00 on Thursday 2<sup>nd</sup> July 2020 in the Boardroom, King's Mill Hospital

Present:	John MacDonald	Chair		JM
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Tim Reddish	Non-Executive Director	TR
Graham Ward	Non-Executive Director	GW
Neal Gossage	Non-Executive Director	NG
Barbara Brady	Non-Executive Director	BB
Manjeet Gill	Non-Executive Director	MG
Claire Ward	Non-Executive Director	CW
Richard Mitchell	Chief Executive	RM
Paul Robinson	Chief Financial Officer & Deputy Chief Executive	PR
Shirley Higginbotham	Director of Corporate Affairs	SH
Simon Barton	Chief Operating Officer	SB
Emma Challans	Director of Culture and Improvement	EC
David Selwyn	Medical Director	DS
Julie Hogg	Chief Nurse	JH
Clare Teeney	Director of People	CT
Robin Smith	Acting Head of Communications	RS

In Attendance: Rachel Bates Minutes

Sue MacDonald Recording

Alison Steel Head of Research and Innovation AS
Denise Kelsey Medical Education Nurse DK
Lorraine Brooks Medical Education Nurse LB

**Observer:** Sue Holmes Governor Observer

Craig Whitby Governor Observer Ian Holden Governor Observer Roz Norman Governor Observer Kevin Stewart Governor Observer

Apologies: None

The meeting was held in person and via video conference. All participants confirmed they were able to hear each other and were present throughout the meeting, except where indicated.



Item No.	Item	Action	Date
17/635	WELCOME		
1 min	The meeting being quorate, JM declared the meeting open at 13:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
	Noting that due to the circumstances with regard to Covid-19 and social distancing compliance the meeting was held in person via video conferencing, and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website, and the public were asked to submit questions prior to the meeting, in addition five governors observed the meeting by video conference and were able to ask questions at the end of the meeting.		
17/636	DECLARATIONS OF INTEREST		
1 min	JM declared his position as Independent Chair for the Derbyshire Sustainability and Transformation Partnership.		
	RM declared his position as Executive Lead of the Mid Nottinghamshire Integrated Care Partnership (ICP), Executive Member of the Nottingham and Nottinghamshire Integrated Care System (ICS), Chair of the East Midlands Leadership Academy, Chair of the East Midlands Clinical Research Network and Chair of the East Midlands Cancer Alliance.		
	PR declared his position as Director of Finance of the Nottingham and Nottinghamshire ICS.		
	CT Declared her position as Director of Human Resources for Nottinghamshire Healthcare.		
	GW declared his position as Non-Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.		
	BB declared her position at Public Health England.		
17/637	APOLOGIES FOR ABSENCE		
1 min	There were no apologies for absence. Apologies for lateness were received for DS who arrived at 13.40.		
	MG left the meeting at 13.45 and returned 15.16.		
17/638	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting held on 4 <sup>th</sup> June 2020, the Board of Directors APPROVED the minutes as a true and accurate record.		



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17/639	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 17/604.1, 17/604.2, 17/604.3 and 17/605.2 were complete and could be removed from the action tracker.		
17/640	CHAIR'S REPORT		
2 mins	JM presented the report, he summarised that recovery and reset would be a major focus for the Trust moving forward. There are on-going discussions regarding how the Nottinghamshire ICS re-establishes with more clarity expected over the coming weeks. JM reported that two of the governors Val and Brian Bacon have resigned. The Trust are currently reviewing the constitution with the governors, including the number of public governors in each constituency this will be presented to the Council of Governors in August		
	The Board of Directors were ASSURED by the report.		
17/641	CHIEF EXECUTIVE'S REPORT		
7 mins	RM presented the report, he advised that equality, diversity and inclusion has been a major focus for the Trust over the last two weeks with a detailed report from CT later on the agenda. A number of conversations have taken place at SFHT and partner organisations, whilst triggered by Black Lives Matter and how Covid has disproportionately affected BAME colleagues, these were about wider equality, diversity and inclusion issues. RM recognised his responsibility to this as CEO and confirmed that he would be writing to the organisation outlining the personal steps he would take on this agenda.  Not included within the CEO Report, RM informed the BoD that NHS Providers have circulated a briefing regarding 'five years of improvement at SFHT'. This is an interesting and balanced piece which will be circulated to the BoD later today.  A paper outlining how the Mid-Nottinghamshire Integrated Care Partnership (ICP) and Integrated Care System (ICS) are working was circulated to the BoD building on recent discussions at the BoD workshop. The aim of the paper is to explain the narrative and themes that run through the strategy, objectives and thinking for SFHT and how		
	that run through the strategy, objectives and thinking for SFH1 and how that translates into the ICP strategy. There are number of strands bringing the ICP, ICS and partners together and other areas which, whilst of importance to SFHT are of less important at an ICP/ICS level, demonstrating the breadth of the different organisations. A final list of breakthrough objectives for 2020/21 will be presented to the Public ICP Board at the end of July and to the Trust in September reported through Q1 Performance. RM recognised that a number of people were working over three different levels, however felt that if this further strengthened relationships then the level of trust and delivery across Nottinghamshire would be good for the Integrated Care System. RM confirmed that a meeting would be taking place next week to move this forward.		



TR observed that it was positive to learn from the experiences of the past around inclusion and diversity but felt that nationally there was a tendency to focus on a specific distinctive characteristic group and therefore it was important to look at the inclusion agenda across all themes rather than focusing on one area which should feed into normal operating procedures. RM agreed that this was about wider equality, diversity and inclusion and not just one characteristic, which should apply around the work and care provided to patients and staff. MG asked about the issues and risks for voluntary staff at the Trust and how that was being addressed. RM confirmed that this would be picked up later on the agenda. The Board of Directors were ASSURED by the report 17/642 **COVID-19 UPDATE** RM presented the report, noting the four key elements around Covid which would be updated by the relevant Executive Director. position at SFHT replicates the wider national picture with the volume of patients with Covid reduced across the three sites and those without increasing through emergency pathways. The process of reinstating elective and cancer work is also underway. RM advised the Trust recently worked with the military to review its assumptions and clarity on the routes forward to a hospital in winter providing safe care through recovery. RM felt there was currently a sense of mixed emotions for staff with many who are tired following the immense efforts of the last few months, clinical staff having worn PPE for 15 weeks and over 500 colleagues working from home. This is a difficult dynamic as some of staff who have been on site during this period may have wanted to work from home and vice versa, this is being picked up through wellbeing and welfare support. RM felt that in terms of system working, it is important to recognise whilst lots of progress has been made, not everything has worked effectively and the evolution now faced will be greater over the next few months than the response to Covid. SIB confirmed that a number of things had been stepped down to manage the higher number of Covid patients in April with staff provided with the right PPE. The recovery from this is provided in a report later on the agenda. JH advised from a harms perspective, this is being monitored and is stable with the Trust now looking at learning from Covid. PR informed that the pandemic period had seen resources provided to respond with the current financial regime in place until the end of July, beyond that is more uncertain as organisations await guidance on the new regime in terms of the budget and resource envelope and the planning process on a system basis.



CT confirmed that there had been a big ask of staff over last few months and adjustments have been made in terms of the support provided. Going forward it will be important to respond to the different needs whether that is a rise in MSK issues as a number of staff are working at home or the psychological impact of the pandemic. Plans are in place to be as responsive as possible. EC added that Covid had seen staff being proactive and reactive and that the wellbeing and welfare support would need to support that going forward. The Trust is now moving to a transformation period, learning from Covid, recovery and then restoration. RS advised that during the restoration the Trust would continue to communicate regularly internally with staff and with patients to reassure them, working with the system on the wider restoration services and continuing to engage with key stakeholders. In response to MG's earlier query, SH clarified that volunteers were are being bought back on site in a structured way, the café was now opening with risk assessments taking place before volunteers return and providing inductions for them once they return. TR asked if the Executives were assured they were receiving up to date and appropriate data on Covid. SIB advised that an ICT takes place every day where a number of situation reports are considered containing live data on patients, the status of the hospital around capacity management, workforce losses and impact. There are currently seven patients across the hospital who are Covid positive, this data forms part of numerous situation reports submitted daily to NHSI. JM asked if data is received around the community to give advance SIB confirmed information is received warning about escalations. through PHE about what the Trust can expect to influence. RM felt that it was important to recognise the contribution of the Research Team who, through the East Midlands Clinical Network Regional Briefing, have been identified along with Kettering as an organisation who have surpassed expectation. The BoD extended their congratulations to the Team. The Board of Directors were ASSURED by the report 17/643 STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE 9 mins **Identifying and Capturing Potential Harm to non-Covid-19 Patients** DS presented the report, describing the Trust's developing processes to capture harm to Covid patients, non Covid patients and staff. The paper outlines the risks that are known and those that are perceived or potentially there, these are not captured at the moment until a better understanding of the virus is developed as it progresses. The paper describes some of the more established processes to capture harm e.g. Datix, waiting lists and some of the intelligence across the system. BB observed the challenge of IPC, understanding and capturing how infections move across the hospital and asked if there was a methodology to do that.



DS

15/07/20

DS anticipated that this would be captured in the IPC BAF around Covid 19 which was recently presented to the Quality Committee and the BoD with increasing information and intelligence from IPC teams and PHE.

NG welcomed the idea of a dedicated resource to identify where harms occur. However added that this item should be presented to the Quality Committee and updated to the BoD through that line of reporting.

DS advised that harm as a consequence of Covid will be greater than with Covid and that it would be difficult to detect subtle nuances for example the impact on mental health or quality of life for delayed treatment and whilst there is work underway to monitor there is not yet a methodology to capture it. DS added, discussions are underway with Research and NUH to try to capture some of the softer aspects with consideration with the Clinical Chairs whether the traditional 52 week harm review should be revisited for different specialties.

ACTION: Identifying and Capturing Potential Harm to non-Covid-19 Patients report to be included within the Quality Committee Work Plan and presented to each meeting with a high level report provided to the Board. On-going dialogue between BB, DS and JH as required between meetings.

The Board of Directors were ASSURED by the report

27 mins

## **Recovery Framework**

SB presented the report and explained that the framework is in three components: restoration, recovery and reset. Commencing with restoration, SB advised that 50 services were paused or stopped during the first Covid surge, 44 are restarting with the final 6 due to start imminently. However, it was important to note that those services are running at different levels of productivity than previously due to social distancing and requirements of PPE, air changes, cleaning and isolation thus restricting the number of patients being treated and seen.

In terms of recovery, the Trust is starting to look at improving waiting times and the risk to patients waiting longer than the normal 6 weeks. Reset is about how we use Covid to make changes which are better for patients and colleagues across the hospital through the transformation programme.

SB identified that the recovery section explores three key aspects of work, first responding to another Covid surge where a surge plan is in place with key triggers, second the development of a recovery plan for cancer and elective waiting lists and how it improves waiting times for patients whilst in an environment with lower productivity and third the winter plan. To address these aspects during this period the ICT will continue to meet to manage the hospital on a day to day basis at level 4 alert, a TMT including the clinical chairs will meet three times a week enabling a quick response to key issues and a Recovery Group is in place to take forward waiting times.

SB stressed that there was a challenge around the pace of recovery and the wellbeing of staff under pressure who have worked continuously during the Covid pandemic.



SH

06/08/20

It was noted that the financial guidance moving forward was also still awaited.

JM confirmed that discussions had taken place how, as a BoD, they would receive assurance on recovery given the dynamic situation and it was agreed a short-term Recovery Sub-Committee would be formed to meet in between Board meetings to receive assurance and consider information received through NHSI/E. It was proposed Governor Observers also be invited to attend.

# ACTION: Governor Observers to be identified and invited to observe the Recovery Committee when established.

GW noted this was a complex area to monitor closely and that it was key to have a view of the trajectory as a benchmark to measure how well things are working. SIB agreed and confirmed this would be part of the assurance provided through the Recovery Committee.

BB asked, in terms of reduced productivity whether learning was being shared with other organisations in order to benchmark how they are addressing productivity gaps and for example the compromises made through PPE. SB advised organisations were all following standardised guidance, there are also numerous groups across the East Midlands sharing best and worst practice and NHSI/E are sharing comparisons. As more is learnt about the virus IPC regulations may change so may be more enhanced or reduced which will affect productivity and a capacity plan is being developed with Trusts sharing information with each other and across the system working through the ICS.

JM confirmed that he had circulated a paper which had been shared at the last Chairs meeting which contained useful information around productivity levels, the challenges facing Trusts and the need to maximise benchmarking for learning.

DS reflected that when the pandemic commenced the PPE was to protect staff being infected by patients, the paradigm has now shifted. Work will evolve over the next few weeks as changes in PPE and social distancing are announced.

NG felt that he would like to see what the assumptions in the plan are based on so if there is a second surge the variables can be changed accordingly throughout rest of year. He further asked when capital approval would be obtained in order to procure an MRI scanner in time for winter pressures. SB confirmed that the MRI would not be in place until April 2021, whilst the building works are in the capital plan for this year; the scanner is not in the budget until next. It was noted that NSHI/E are supporting Trusts with increased mobile scanners providing extra CT support with an additional mobile scanner in the plan for the next 9 months which will enhance productivity (to be confirmed end of July). JM felt there was an opportunity to review the risk appetite for this against the balance of harm.

CW queried A&E demand as people are encouraged to come back to the hospital and whether this will be managed through an appointments system.

Sherwood Forest Hospitals NHS Foundation Trust



She further asked whether private sector facilities would be utilised to support services. SB confirmed that ambulance arrivals have seen growth since lockdown but were relatively stable.

NHS 111 appointments has been piloted but SFHT was not part of the first wave, monitoring of this is underway. SB added demand cells across the ICS are working with all organisations to regulate the demand for emergency services. SB summarised the plans for winter will include the demand originally expected in year plus Covid. SB advised the Trust continues to use the independent sector for support and will do so over the next five months as part of the recovery programme, currently this is nationally commissioned however it is not clear how it will be in the future and may be something to explore with other Trusts in the region.

The Board of Directors APPROVED the Framework for Recovery.

# 17/644 STRATEGIC PRIORITY 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING

12 mins BAME during Covid-19 / Black Lives Matter

CT presented the report which was by way of assurance to the BoD focusing on BAME members of the workforce in relation to Covid 19. Recognising the point made by TR, she stressed the importance of focusing on inclusion for specific groups and characteristics with different issues affecting different sets of people. There is an ask nationally for visibility at a BoD level on the impact of Covid on BAME staff this will therefore be regularly reported. The pandemic, the death of George Floyd and the Black Lives Matter movement have shone a light on inequality. CT advised that in terms of colleagues at SFHT, data shows a higher proportion of BAME colleagues off with Covid sickness/absence as opposed to other staff. Those absences are tracked to ensure staff are being supported as well as those shielding. Just over 100 risk assessments have been conducted for the 773 BAME staff, there completion is a priority over the next two weeks with external expectation around reporting and various situation reports submitted to regulators on progress.

Following a recent Q&A session with the BAME network the need to listen and understand was identified with a number of short, medium and long term actions to take. Update reports will be provided to the BoD over the next six month demonstrating how, at a strategic level the Trust needs to respond working with key partners through the ICS.

TR asked how Medirest were engaged as they provide facilities and services at the Trust's sites. CT confirmed that there were regular conversations with Medirest who have the same risk assessment processes in place. Across Nottinghamshire there is a network of equality and diversity leads within which the Trust participates and collectively reports into.

DS informed members of a recent Medical Managers meeting where aspects of this were discussed with powerful stories told reflecting on some of the experiences, he felt that allowing people to share this was an important aspect.



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	CT agreed and confirmed that engaging with colleagues to do this across the various networks would be a priority. The Q&A had highlighted the need for creating the right space where people feel comfortable to engage in conversation, listen and learn and to look where we can take responsibility personally and as an organisation in order to change culture.		
	ACTION: BAME during Covid-19/Black Lives Matters report to be regular item on People, Culture & Improvement Committee with high level updates provided to the Board on progress.	СТ	06/08/20
	The Board of Directors were ASSURED by the report		
17/645	STRATEGIC PRIORITY 3 - TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE		
26 mins	Staff Survey and Action Plan		
	EC presented the report providing an update and assurance in relation to the staff survey and action plan. A number of improvements have been made as an organisation with an approach in place to take forward awareness and understanding of the findings from the survey whilst recognising the impact of Covid and support available through welfare and wellbeing.		
	The report demonstrated the journey SFHT had been through over the last five years and the significant improvements made. This is recognised at a national and regional level where the Trust is placed highly in terms of its engagement and culture. There are a number of positive areas namely the support given to colleagues, experiences of working here, the leadership and investment made in developing colleagues, colleagues feeling more engaged in organisational decisions and feeling valued. Key areas to focus on following the outcome of the results are to improve MSK and the overall wellbeing offer, recognising the importance of reporting of violence and aggression and bullying and harassment.		
	EC confirmed that alongside SB and JH, she had met with all the Divisions to look at their results in depth however progression from this work was paused due to Covid. A national survey is still expected this year however details around this are awaited.		
	EC advised the Trust was regarded highly in terms of its welling and welfare support during Covid, testament to how the situation was handled and this would now build into a longer term strategy. Although the results of the staff survey and learning from Covid would provide more insight and recognition on how the Trust responds to colleagues, things are changing rapidly. EC confirmed the learning from Covid survey results would be considered and included with the priorities within transformational plan moving forward.		
	GW observed the excellent response rate with the exception of the Medicine Division who returned a lower rate at 56% and asked if there was anything further which could be done to encourage responses. EC advised that traditionally Medicine and UEC do have a lower return rate in the main due to demand and time on those services.		



However, efforts have been made to try to increase these. SIB added Medicine had taken the same actions as other Divisions to encourage staff to participate however it was one of the busiest Divisions. RM advised that a new leadership team was also in place during the time of the survey.

NG queried the 'recommended place to receive care', which was trending downwards and whether there were any underlying themes as to why. He further asked if a paper would be presented to the BoD on bullying and harassment and steps taken to reduce this. EC confirmed this was one of the areas picked up through the meetings with the Divisions and it was felt this was more around the demand on services. RM added the deterioration was marginal and due to volume but this would be tracked.

EC advised bullying and harassment was not so much declining but more not improving and still remained an outlier. An action plan is being put in place in the summer and EC confirmed that a paper would be bought to BoD in September. JM agreed that this would be helpful to enable the BoD to understand the underlying themes. EC added it was important staff felt able to report and record incidents and therefore work was needed on how to encourage and capture this. RM commented that when reviewed nationally, nepotism was only mentioned within the free text, he was confident it does not take place and by continued monitoring this particular area would change.

ACTION: Staff Survey - report highlighting the underlying issues around bullying and harassment and action plan to address to be presented to the Board in September.

BB welcomed the positive results from the survey and asked if this was being linked to the analysis from Freedom to Speak Up to see if there was coherence. She further asked whether the comment under the free text around maternity was an area that had been explored. RM advised that as part of the high level information for CQC free text, Freedom to Speak up and other intelligence had been analysed whilst there was no triangulation around this is it is something to continue to monitor. RM advised the comments around maternity were about how hard staff were working, JH felt this had improved and was being monitored through a number of mechanisms

TR stressed the importance of creating an environment where people feel safe to report where they had been physically or mentally assaulted albeit by a patient or another member staff and messaging this in the right way. TR asked if the Trust's policies would be refreshed to ensure they are reflecting the inclusion agenda. EC confirmed this reflected back to the organisation's breakthrough objective about how to support staff safety with policies to underpin. .

RM added the Trust was the most improved across the country however recognised that there was more work to do.

The Board of Directors were ASSURED by the report

EC 03/09/20



	NHS Foundation Trust		
17/646	STRATEGIC PRIORITY 4 - TO CONTINUOUSLY LEARN AND IMPROVE		
13 mins	Research Strategy – quarterly update		
	AS presented the report, providing an annual overview on research in the past, present and future. Key points to note where highlighted for the BoD.		
	There has been an increase in recruitment of 3,245 against 2018/19, split between commercial and non-commercial. A benchmark of the Trust's performance against other organisations was noted within the graph presented compared to other Trust's within regional's clinical research network. The budget has seen a slight increase of 2.7% (not including the pay award), with £200k received in commercial income which has quadrupled over the last two years, this has been reinvested into future research capability and capacity. Feedback through the NRI survey showed around 87% of patients felt that they had received a good experience of taking part in research with 10% not answering the question further research showed that this was around how the study set up by the sponsor rather than their experience and treatment by SFHT as an organisation.		
	AS advised that a quarterly update was not available as most of the portfolio of work had been suspended (16 studies open out of 100) to focus on urgent public health research. A showcase of those the team are currently taking part in for Covid 19 were highlighted. There are 7 active at the moment and 2 in set up which is proportionate to the size of the Trust. AS drew the BoD's attention to the recovery study on dexamethasone and the positive impact that had had on patients with Covid 19. The 2 studies in set-up are complicated studies and will provide staff opportunity to participate.		
	A refreshed Research Strategy was presented for approval, this contained broad themes following engagement with patients and the public with further detail to be developed.		
	BB noted the report provided a clear analysis of the work undertaken and particularly the research around dexamethasone and asked if this was being showcased. AS confirmed a press release, blog and bulletin had been produced as the team were particularly proud of this work. She further advised the team now have a dedicated Facebook page and twitter account.		
	GW welcomed the positive position presented within the report and in particular the commercial aspect which was important to sustain and increase activity. He asked what the BoD could do to support this moving forward. AS advised that the team do not have the space or facilities to deliver the complexities of commercial studies, this means the Trust is missing out on commercial trials. Space had been allocated in Clinic 9 however this did not come to fruition due to Covid. Small space has been allocated in Clinic 7 however this remains an issue.		



	AS added ensuring that Divisions invest the commercial income wisely was also key and work was being done to raise awareness and supporting Divisions in how this can be spent. GW requested that when reviewing the Estates Strategy post-Covid, priority is given to Research and Innovation to ensure they are included		
	ACTION: Consideration to be given on the space and facilities needed for commercial Research and Innovation within future Trust Estates Strategy.	PR	ТВС
	AS thanked the Trust for their collaboration across the clinical areas and how receptive staff had been working with them.		
	JM congratulated AS on an impressive report and the recognition received regionally through the Clinical Research Network.		
	The Board of Directors APPROVED the Research Strategy and were ASSURED by the report		
17/647	STAFF STORY – A FEW GOOD M.E.NS – (CAN YOU HANDLE THE TRUTH??)		
7 mins	DK with her colleague LB were welcomed to the meeting to present the staff story. DK explained that she and LB were Medical Education Nurses working in a team of five who train medical students from University of Nottingham and overseas on the wards, clinics and within the classroom. A third year cohort was due to commence on a 16 week placement at the beginning of March however the programme was suspended due to Covid. The Medical Education Nurses, who had not been ward based for many years, were subsequently redeployed into ICU. DK explained the emotions and impact of being thrust into this challenging environment, working with new colleagues to make a positive contribution to patient care and experience during the height of the Covid pandemic.  JM thanked DK and LB for their honest account of their experiences.  JH conveyed her gratitude to DK and her team for the work they had done to support ICU during this difficult time.  TR observed and thanked LG for the candour and openness a reflection of how strong the team were.		
17/648	SINGLE OVERSIGHT FRAMEWORK MONTHLY PERFORMANCE REPORT		
16 min	RM introduced the SOF and handed over to colleagues to present the key points on their individual items.		
	PEOPLE AND CULTURE		
	CT confirmed the impact of Covid-19 saw predicted increase in sickness and absence in March and April and a reduction in May 2020. Additional activity was evidenced through Occupational Health as expected where support has been provided.		

A new self-care and wellbeing offer was introduced. Appraisal and mandatory training had declined as predicted however is now recommencing which it is hoped to be back on track by December. People are still working in different ways and staff are being encouraged to take holidays.

EC reported that wellbeing and welfare and people and health were currently aligning their offers around the care values and wellbeing during Covid. This will inform a strategic approach to health and wellbeing as an organisation. Working closely with psychologist support, the Trust recognises the importance of mental health and the need to create a psychologically safe organisation.

JM observed it was clear the organisation was moving to a different way of working and welcomed a more strategic approach on this going forward.

#### **QUALITY CARE**

JH summarised the care delivered to patients has remained safe and of a high quality, nurse staffing levels have remained high and no serious incidents have been declared. While our falls rate has remained above the national average for the third consecutive month, there has been an improvement on last month's data. In response to this there is significant work underway across the Trust including the implementation of care reviews following every fall and 'confirm and challenge' meetings with the Chief Nurse and Falls Lead. A falls summit is planned for July. There was only one hospital acquired pressure ulcer declared in May and on review there were no lapses in care identified. There is one exception report for May with regard to dementia screening which, whilst showing an improvement on last month's figures, is still below the expected compliance rate a Band 3 Health Care worker has been appointed to assist process.

### **TIMELY CARE**

SB confirmed Emergency Care performance remains strong driven by demand with planning for winter taking place around that. Cancer performance was impacted by the Covid pandemic and is a key priority for the recovery phase however the Trust has already started to see improvements even though there are productivity issues. Diagnosis remains a big risk and another key priority in the recovery programme. Elective Care is seeing a growth in patients who have waited over a year with all cases being clinically reviewed. The waiting list has grown however referrals are down.

#### **BEST VALUE CARE**

PR advised that the Trust remains in the Covid financial regime therefore there is no trajectory and no financial improvement plan requirements, both of which contribute to the financial strategy which the Trust is not delivering against. Each organisation is being provided with the resources to break even with the Trust reporting a break even position at the end of May.



	During May retrospective claims for Covid were £2.8m and retrospective for income and expenditure block £960k with a total of £5.7m claimed against Covid this year and £2.3m income shortfalls against block contract.		
	In respect of capital there are two routes one Covid and one the Trust's share of the ICS envelope in respect of Covid. Cash holdings at the end of May £29.2m representative of June block payments made in advance to facilitate paying creditors. NG added that block payments will stay until the end of October however further guidance is needed on the new regime.		
	RM queried how people felt around the new SOF reporting. NG and GW felt that it was clear, focused on the key points and provided a concise report focusing on the issues. JM concurred with the clarity of the new reporting.		
	The Board of Directors CONSIDERED the report.		
17/649	COMMITTEE TOR, WORKPLANS AND EFFECTIVENESS REVIEWS		
2 mins	SH presented the report, advising the BoD all the Committees carry out an effectiveness review annually.		
	Two Committees had not had their effectiveness reviews considered yet namely People, Culture and Improvement Committee and Charitable Funds Committee these will be considered at the July meetings. All Committees have reviewed their work plans and terms of reference with no further actions identified.		
	JM advised that it was important for committees to get the balance focused on more strategic opportunities whilst learning the lessons of Covid.		
	The Board of Directors were ASSURED by the report		
17/650	NHSI SELF CERTIFICATION		
2 min	SH presented the report and advised this is an annual self-certification. This has previously been discussed by the executive team. There is no longer a requirement to submit the declaration to NHSI but it does need to be published on the Trust's website.		
	The Board of Directors APPROVED the declarations required by General Condition 6 and Continuity of Service Condition 7 of the NHS provider licence.		
	The Board of Directors APPROVED the FT4 declaration		
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17/651	ASSURANCE FROM SUB COMMITTEES	 undation Trust
17/051	ASSURANCE FROM SUB COMMITTEES	
4 mins	Audit and Assurance Committee	 
	GW presented the report, providing a summary of the meeting held on 22 <sup>nd</sup> June which fed into the Extra Ordinary Board straight after. Internal Audit opinion provided significant assurance in their Head of Internal Audit Opinion which was important to maintain going forward. GW thanked the Trust for ensuring they support 360 Assurance and the implementation of recommendations from Internal Audits.	
	A copy of the Committee's Annual Report was considered, it was agreed that the Committee had met as expected and set objectives for the next year along lines of building on the work so far whilst bringing in threats around Covid 19, mitigations, process changes and ensuring this was captured from an internal governance perspective.	
	Finance Committee	
	NG presented a verbal report. The Committee met on 29 <sup>th</sup> June with the Trust remaining within the Covid financial regime. The capital plan has been submitted by the ICS for £85.3m of which the SFHT share is £16.5m including £5m of planned Capex. This provides a Capex plan akin to previous years. There are slight changes in the regime from NHSI/E in relation to Covid Capex, from 19 <sup>th</sup> May these need to be approved by them and as yet, though submissions have been made, they have not been approved. A quarterly update on the PFI Contract was presented.	
	As far as Soft FM, there is an option to market test services in 2022 and paper will be presented to a future Committee on progress.	
	The deadline for submission of reference costs has been put back to 4 <sup>th</sup> November with a detailed plan in place to deliver by that date. No changes to BAF were proposed given the current financial regime.	
	The Board of Directors were ASSURED by the reports.	
17/652	PRIDE	
4 mins	A short video was played representing the many things the Trust are doing as part of its LGBT Network to support PRIDE. CT confirmed t PRIDE is celebrated in Nottinghamshire in July as a recognition and celebration of LGBT history. A number of initiatives are planned as part of PRIDE month including a Q&A session with the LGBT network, sharing experiences, understanding and providing support to colleagues and a march in July colleagues to which everyone is invited to participate.	



17/653	COMMUNICATIONS TO WIDER ORGANISATION	
1 mins	The Board of Directors AGREED the following items would be distributed to the wider organisation:	
	<ul> <li>Covid including Harm, Recovery Plan, Organisation Experience</li> <li>Equality, Inclusion and Diversity</li> <li>Research and Innovation</li> </ul>	
	SOF and the Impact of Covid.	
17/654	ANY OTHER BUSINESS	
1 min	No other business was raised	
17/655	DATE AND TIME OF NEXT MEETING	
	It was CONFIRMED that the next Board of Directors meeting in Public would be held on 6 <sup>th</sup> August 2020, in the Boardroom, King's Mill Hospital at 13:00.	
	There being no further business the Chair declared the meeting closed at 15:30.	
17/656	CHAIR DECLARED THE MEETING CLOSED	
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.	
	John MacDonald	
	Chair Date	



17/657	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT	
	No questions were raised	