

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 13:00 on Thursday 6<sup>th</sup> August 2020 in the Boardroom, King's Mill Hospital

<b>Present:</b>	John MacDonald	Chair	JM
	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
	Emma Challans	Director of Culture and Improvement	EC
	David Selwyn	Medical Director	DS
	Clare Teeney	Director of People	CT
Robin Smith	Acting Head of Communications	RS	
<b>In Attendance:</b>	Sue Bradshaw	Minutes	
	Helen Hendley	Deputy Chief Operating Officer (Elective Care)	HH
	Phil Bolton	Deputy Chief Nurse	PB
	Phil Harper	Associate Director of Strategy	PH
	Angela Sutton	Chair of the LGBT+ staff network	AS
<b>Observer:</b>	Ann Mackie	Public Governor	
	Sue Holmes	Public Governor	
	Philip Marsh	Public Governor	
	Ian Holden	Public Governor	
	Roz Norman	Staff Governor	
Sean Lyons			
<b>Apologies:</b>	Simon Barton	Chief Operating Officer	SB
	Julie Hogg	Chief Nurse	JH

**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
<b>17/667</b>	<b>WELCOME</b>		
1 min	<p>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.</p> <p>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.</p>		
<b>17/668</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	<p>JM declared his position as Independent Chair for the Derbyshire Sustainability and Transformation Partnership.</p> <p>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.</p> <p>PR declared his position as Director of Finance of the Nottingham and Nottinghamshire ICS.</p> <p>CT Declared her position as Director of Human Resources for Nottinghamshire Healthcare.</p> <p>GW declared his position as Non-Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.</p> <p>BB declared her position as Director of Operations (East Midlands) for Public Health England.</p>		
<b>17/669</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	<p>Apologies were received from Simon Barton - Chief Operating Officer and Julie Hogg – Chief Nurse.</p> <p>It was noted that Helen Hendley - Deputy Chief Operating Officer (Elective Care), was attending the meeting in place of Simon Barton and Phil Bolton – Deputy Chief Nurse, was attending the meeting in place of Julie Hogg.</p>		
<b>17/670</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	<p>Following a review of the minutes of the Board of Directors meeting held on 2<sup>nd</sup> July 2020, the Board of Directors APPROVED the minutes as a true and accurate record.</p>		

17/671	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	<p>The Board of Directors AGREED that actions 17/486, 17/605.3, 17/605.4, 17/643.1 and 17/643.2 were complete and could be removed from the action tracker.</p> <p>Action 17/644 – CT advised this information is included in the SOF report.</p> <p>The Board of Directors agreed this action was complete and could be removed from the action tracker.</p>		
17/672	<b>CHAIR'S REPORT</b>		
2 mins	<p>JM presented the report, noting the Phase 3 Covid-19 response letter has been received from NHSE/I. The Trust needs to reflect on this and consider how to respond. There will be implications for the recovery phase. It was noted restoration and recovery has to accelerate, whilst recognising it has been a difficult period recently for many people and it is important to get the balance right. The Trust has people involved at a regional level with thinking about restoration and recovery and how some of the changes might take place. It was noted the Phase 3 letter is not as clear as anticipated in relation to the ICS role.</p> <p>The Board of Directors were ASSURED by the report.</p>		
17/673	<b>CHIEF EXECUTIVE'S REPORT</b>		
18 mins	<p>RM presented the report, advising overall there has been some exciting progress made over the past month. The Trust launched a new recruitment campaign in July 2020 under the idea "A great place to..." In developing this campaign the Trust wanted to reflect the culture of the organisation and the growing reputation and recognition of the Trust in relation to the safe care provided. Thanks were expressed to everyone involved in developing the campaign.</p> <p>Two senior appointments were made in the last month. The Trust has been recruiting to senior posts with ongoing recruitment taking place. There have been multiple high calibre candidates for the posts, both internal and external. It was noted Phil Bolton – Deputy Chief Nurse, will be going on secondment to Derby and Burton Foundation Trust after 22 years with SFHFT. The Board of Directors acknowledged his contribution to the Trust.</p> <p>The Freedom to Speak Up report was published in July 2020. While positive progress has been made, there is still more work to do. The Trust celebrated Pride in July, within the limitations of social distancing. A series of events were held which were well attended. Q&amp;A sessions have been held for the Trust's disability networks and LGBT+ networks. It is felt the Trust is well positioned to respond to some of the work and expectations as part of the People Plan.</p>		

The Trust continues to respond to Covid. However, the number of patients with Covid in the organisation has dropped dramatically. The current focus is on restoration and recovery of services with Covid in the organisation and with an eye to Winter. It is important not to underestimate how hard people have been working and continue to work. Some of the expectations of the Phase 3 letter are ambitious and there is a need to think carefully how this is communicated to the organisation.

In July the Trust was asked to carry out risk assessments for colleagues. Over 99% of BAME colleagues have been risk assessed, 96% of colleagues identified as being at high risk and over 50% of the wider staff groups. It has been made very clear they needed to be 'proper' risk assessments, rather than a 'tick box' exercise. A case study was included in the latest Covid communication e-mail in relation to a colleague at Newark where there has been a change for them and the service in response to the risk assessment being completed.

HH advised there are currently two Covid patients under the care of the respiratory team, with no Covid patients in ITU. In direct response to the latest national guidance, the Trust has moved the Incident Control Team (ICT) meetings from 7 days to 3 days, with clear triggers identified for when this would need to be stepped back up. Emergency care demand remains stable at about 80% of 2019 levels. Some elective demand is starting to increase, particularly cancer referrals. The national priorities for Phase 3 are accelerating the return to near normal levels of non-Covid services and preparing for Winter. This will be achieved by building on some of the good work over the last four months while ensuring staff are supported. The first meeting of the Recovery Committee was held in July and it was agreed the focus would remain on cancer and diagnostics. A weekly recovery group is in place. Services are working on the first draft of the Recovery Plan and the full plan will be presented to the Board of Directors in September 2020.

RM advised the Phase 3 letter and the organisation's response will be discussed at the Recovery Committee meeting on 19<sup>th</sup> August 2020. JM advised the first meeting of the Recovery Committee was to establish a baseline. Following the meeting, the Trust has received some comparisons from across the region and SFHFT is performing relatively well. Trusts are being measured as a proportion of 2019 activity. It will be important to communicate information on what the Trust is aiming to achieve and progress to the public. There is also a need to explain to the public the way in which they interface with hospital services has changed. The focus for the Recovery Committee is activity and capacity. Financial aspects will remain with the Finance Committee and quality aspects will remain with the Quality Committee.

RS advised work has been undertaken in the last few weeks in terms of communication to the public, explaining what it is like to return to the hospital and expectations in relation to that. This is being done as a Trust and the wider system. A live broadcast is being scheduled which patients and the wider community will be asked to join. This will address issues related to recovery.

	<p>MG queried if there was any further information in relation to the narrative at regional and national level in terms of wellbeing issues. EC advised from some of the national networks she links into, there is a strong feeling in relation to the 'ask' in Phase 3, particularly considering the workforce is feeling tired and there is an element of burnout. In addition, there is a recognition of wellbeing in terms of the impact on mental health. Some of the narrative in response to the Phase 3 letter will include details of workforce wellbeing and the 'ask' of the workforce to deliver the trajectories.</p> <p>CT advised there has been a focus on completing risk assessments for staff and understanding the information from them. There is a need to ensure the right services and interventions are in place to support staff health and wellbeing at a Trust and system level.</p> <p>RM advised the last 6 months have been difficult but there have been examples of things which have gone well. One of the things which has gone particularly well is the Trust's focus on welfare and wellbeing from an early stage. Welfare and wellbeing support is continuing and discussions are ongoing in relation to how this can be strengthened. However, it is recognised not everyone has felt supported. A detailed Covid staff survey has been undertaken, which 25% of colleagues responded to. This has provided some rich information. As there are now very few Covid patients in the hospital it is now more appropriate for the senior team to get out and about and have face to face conversations with staff. The weekly virtual staff briefs will continue.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p><b>17/674</b></p>	<p><b>STRATEGIC OBJECTIVES UPDATE</b></p>		
<p>10 mins</p>	<p>PH joined the meeting</p> <p>PH presented the report, advising there is an update on progress against each of the 15 breakthrough objectives for 2020/2021. There has been progress in the majority of the objectives, despite Covid-19 and in some cases there has been acceleration because of Covid. However, inevitably there have been minor delays in a few of the objectives.</p> <p>NG felt when new initiatives / groups are established it would be useful to provide details of the initiative, the aims of the groups and measures of success. There should be a stronger focus on outcomes.</p> <p>BB felt the focus should be on impact rather than outcomes, as impact would be easier to measure. In relation to the mental health agenda, BB noted a new member of staff will be doing work in relation to mental health and queried if this will pick up the wider issue of psychological wellbeing as well as mental illness from both a patient and staff perspective. CT advised it will be a combined approach. Psychological support will be introduced both to staff at work and interventions from a patient perspective. JH is focussing on this from a patient perspective and CT and EC are looking at the staff aspect.</p>		

	<p>BB recalled previous patient stories which have given examples of excellent psychological support for cancer patients, achieved by accessing pilot funding and queried how the Trust can take the learning from that and mainstream it for patients who do not necessarily have a cancer diagnostic label. PB advised work is ongoing in relation to health inequalities which picks up that point and is looking at how different patient groups can access the same levels of support.</p> <p>MG felt it would be useful to include more information on what success 'looks like' and sought further information in relation to ward accreditation.</p> <p>PB advised there are six pillars to ward accreditation. This is built on over a number of years and is more wide reaching than some previous accreditations. It gives wards and departments ownership for their areas and for agreeing areas for improvement, rather than a team going in and doing a spot check. This process provides greater triangulation of information and is a 2-3 year programme of improvement and development led by the team.</p> <p>DS advised there has been a strong message from staff feedback that the psychological input is valued. There is a strong focus on mental health in the Phase 3 letter. The Trust is committed to improving the 'deal' for mental health patients in the organisation.</p> <p>JM felt more information relating to the impact should be included in future reports. JM noted the ongoing discussions in relation to mental health for both staff and patients and felt it would be useful for the Board of Directors to have a holistic view of the package of support and how the Trust is working with Nottinghamshire Healthcare.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>More information relating to impact to be included in future Strategic Objectives update reports</b></li> </ul> <p>PH left the meeting</p> <p>The Board of Directors were ASSURED by the report</p>	PH	05/11/20
17/675	<b>STRATEGIC PRIORITY 1 - TO PROVIDE OUTSTANDING CARE</b>		
12 mins	<p><b>Safeguarding Annual Report</b></p> <p>PB presented the report, advising it has previously been presented to the Quality Committee. It was noted there has been an increase in referrals during 2019/2020, including an increase in referrals from staff. Historically the team has provided a service to patients but this has evolved to provide support to staff, particularly relating to mental health issues. There has been a significant increase in referrals of staff who are subject to domestic violence (male and female), modern slavery, stalking, etc. These are issues which have possibly always affected staff but new staff with key skills have been brought in and the visibility and range of services has improved. This has enabled staff to feel able to approach the team for support, signposting, etc. It is important to recognise what issues are affecting the workforce.</p>		



There have been historic challenges in terms of meeting training compliance. A 3 year trajectory to ensure all staff are trained has been completed. As a result of training there is better use of processes, referrals and improved compliance with statutory requirements.

Details of the work done by the vulnerabilities teams are included in the report. For the last 8 months there has been an Independent Domestic Violence Advocate (IDVA) in the organisation. The Trust is keen to evaluate this service and it is anticipated it will continue.

PB advised the key plans for 2020/2021 are to develop mental health work with partners for patients and staff and strengthen restricted practices. The next 18 months will see a transition from Deprivation of Liberty Safeguards (DOLS) to Liberty Protection Safeguards (LPS). This will have significant implications for the Board of Directors as the organisation will become responsible for the whole process. This will also have resource implications as it will affect everyone over the age of 16. There will be an amendment to Mental Capacity Act which puts the responsibility on the organisation, i.e. the Trust will be detaining people. The Trust needs to be fully aware of the implications and have systems and processes in place to keep patients, staff and the organisation safe.

BB advised the Quality Committee took good assurance from the report, noting the breadth of the agenda which is captured under safeguarding. TR advised LPS is the area which the Quality Committee felt is the priority concern going forward.

MG queried how assurance can be provided that staff are using contact with patients to think about signposting and referrals to other agencies. In addition, how can the Trust identify segments of the population who may be more vulnerable, particularly people encountered through the Streethealth work and people for whom English is their second language.

PB advised the Safeguarding Team have a mature system way of working, having good oversight across the system, not just within the Trust. If the referral is not completed in the correct manner or timescale, feedback is received. It was noted over the last 12 months referrals are being made to the correct place in a timely manner and patients are getting the correct follow on. The training provided to staff is appropriate. The team feel better prepared and able to carry out things such as assessment of mental capacity. However, there is room for improvement and there are challenges in relation to dementia screening and DOLS process.

In relation to vulnerable groups, the Trust only knows the groups it knows so this is more of a challenge. There will always be groups which are not identified. Streethealth identified a group which identified other groups and work which needed to be done. There is a team focusing on high volume service users, setting up individualised service plans to help prevent them attending hospital.

JM advised the Safeguarding Annual Report will be published on the Trust website.

The Board of Directors were ASSURED by the report

17/676	<b>STRATEGIC PRIORITY 5 – TO ACHIEVE BETTER VALUE</b>		
7 mins	<p><b>ICP Update</b></p> <p>RM presented the report, advising the Trust has two key responsibilities to patients, namely ensuring safe care is provided and increasingly the second area of focus is working with other partners across the public sector to improve public sector services and access to those services. There have been four meetings relating to ICP business in July 2020 and an update on Q1 performance against strategic objectives for the ICP will be presented to the Board of Directors in September 2020.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Report on Q1 ICP performance against strategic objectives to be presented to the Board of Directors in September</b></li> </ul> <p>EC advised she recently attended a workshop, ‘Co-designing the ICP Roadmap’. The three ICPs in Nottinghamshire shared their priorities and breakthroughs for the next 12 months, taking on board learning from Covid, what the needs are and sharing the information across the ICPs. It was agreed this would be followed up and for the ICPs to work closer together at a programme delivery level.</p> <p>MG sought further information regarding the link with the development of the Primary Care Networks (PCNs). RM advised there are six PCNs across mid-Nottinghamshire. The relationship with them is growing in terms of the bilateral relationship the Trust has with the PCNs and PCN Directors. RM advised he and DS recently met with the PCN Directors, which was instigated by primary care, and agreed the following areas to focus on, respiratory pathways, flu vaccination, Winter planning and input into care homes. Thilan Bartholomeuz - Clinical Chair Newark and Sherwood CCG, continues to attend the Wednesday Trust Management Team (TMT) meetings.</p> <p>The Board of Directors were ASSURED by the report</p>	RM	03/09/20
17/677	<b>STAFF STORY</b>		
13 mins	<p>AS presented the Staff Story which highlighted the Trust’s involvement in Pride and the LGBT+ community.</p> <p>TR felt there is a need to continue to build on the work of the network and link in with some of the other staff networks to share learning both individually and collectively. RM felt the networks would be strengthened by bringing them together.</p>		
17/678	<b>SINGLE OVERSIGHT FRAMEWORK QUARTERLY PERFORMANCE REPORT</b>		
46 min	<p><b>PEOPLE AND CULTURE</b></p> <p>CT advised sickness absence has stabilised at around 280 staff being absent at any one time, noting this includes Covid and non-Covid related absences. This figure has reduced significantly from the peak of nearly 700 staff being absent at the end of March 2020.</p>		



Staff turnover has reduced and this is consistent with many NHS organisations. As anticipated there has been a slight drop in mandatory training and appraisals as this was stood down due to Covid. However, programmes are now in place to get those back on track.

A lot of work has been done to complete risk assessments for staff and the completion rate for staff with known vulnerabilities and BAME colleagues is above regional levels. Staff Covid testing continues with in excess of 82% of colleagues accessing the antibody test. Work has started in relation to the flu vaccination programme. In terms of occupational health enquiries and support, the service continues to receive twice the usual number of enquiries, etc. and has been at this high level since the onset of Covid.

There has been a reduction in the number of employee relations cases and there are no long delays in any of those cases. All staff involved with formal processes are receiving appropriate support. The Trust has undertaken a lot of work over the last two months in relation to equality and diversity, engaging with all the staff networks. Pride was celebrated across the Trust and the ICS.

EC advised the Trust has been looking at the wellbeing and welfare offer from a longer term strategy perspective to sustain the current offer and identify future need. From a quality improvement perspective, an initiative has been launched in relation to improvement partners, reaching out to members, patients, etc. for them to get involved in helping to improve SFHFT.

In relation to support for the transformation programme, work is ongoing to ensure the Trust has adequate support and resources available to deliver the programme from an organisation development (OD) and quality improvement perspective. Each programme of work is approached from the perspective of improving processes and improving cultural aspects of change.

Extensive work has been undertaken in relation to learning from Covid. The Trust has engaged with over 600 colleagues through focus groups and teams sessions. In addition, approximately 1,200 colleagues responded to the Covid colleague experience survey. The annual national staff survey will be going ahead within the usual timeframes but will include some specific Covid related questions.

The Trust is enhancing the offer to colleagues in clinical leadership positions, particularly in difficult to recruit to roles, to nurture and grow talent and to increase the offer for people wanting to join the Trust.

Where there have been delays to enhancing capability of improvement skills because of Covid, this will restart in September 2020. The Trust is sustaining what needs to be sustained whilst transitioning to moving towards longer term strategic objectives and supporting the delivery of the recovery and transformation programme.

<p>MG noted the absence rate has fallen but staff are under pressure, leading to a concern about burnout, work / life balance and if staff are taking leave. MG queried if there is anything the Board of Directors and Council of Governors could do to recognise how hard staff are working and work / life balance is valued. RM felt a message from the Board of Directors to colleagues expressing gratitude for how hard they are working, a reminder of the importance of taking breaks, leave, etc. and to ensure people behave in line with organisational values as we move into Winter would be well received by the organisation.</p> <p>JM felt any message would need to add value to the communications which are already happening in the organisation.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Consider appropriate method of sending message of thanks from the Board of Directors to colleagues for their hard work, including a reminder to take leave</b></li> </ul> <p><b>QUALITY CARE</b></p> <p>DS advised there is a strong set of metrics for the quarter but there are a number of exception reports, one of which being dementia screening as previously brought to the attention of the Board of Directors. In terms of never events, there is a rolling average of two cases, both of which the Board of Directors have been sighted on. The last never event occurred in January 2020. There has been a slight increase in Hospital Standardised Mortality Ratio (HSMR) and work is ongoing to gain an understanding of what this data means.</p> <p>There have been two cases of hospital acquired Covid infections in June 2020. One case related to Sconce Ward and the other to Ward 42. The Trust is struggling to achieve the Venous Thromboembolism (VTE) screening compliance. This does not suggest the Trust is not maintaining high compliance but the team who normally collect the data have been used for other work in the governance support unit.</p> <p>PB advised the Trust has not reduced quality assurance processes due to Covid. There has been a reduction in the number of pressure ulcers acquired within the organisation which is important to note given the high number of critical care patients in the organisation through Q1. There has been a slight increase in falls. A quality summit in relation to this was held in July 2020 which will feedback to the Quality Committee. The summit identified a lot of positive actions and one learning point related to when staff are using PPE, they nurse patients in a different way. This slight change to the way patients are managed has impacted on falls. There has been a reduction in the number of falls over the past month, indicating the actions are having an effect.</p> <p>The Friends and Family Test in ED has fallen in terms of recommendation by patients. There has been a significant reduction in the response rate which will skew the outcome. Work is being done in relation to the text message system to try to encourage people to respond.</p>	<p>RS</p>	<p>03/09/20</p>
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	<p>The harm free care report was stopped nationally but SFHFT has continued to monitor and report on this area. If pre-hospital acquired harm, which is included in the figures, is removed, SFHFT is above the 95% threshold.</p> <p>NG noted dementia screening continues to be short of the target, mainly due to Nervecentre not being rolled out into ED. NG queried when the rollout is due to happen. In relation to HSMR, there has been an increase which is possibly due to coding issues and patients on palliative care pathways not being coded accurately. NG acknowledged external consultants are being brought in to investigate this and queried when the outcome of that will be known to establish if there is an underlying problem or if it is due to coding issues.</p> <p>DS advised he was concerned about putting the HSMR issues down to coding as while that is a simple explanation, it may not be borne out. In terms of dementia screening, Nervecentre was installed in ED in April 2020 and started functioning in May 2020. There was a slight increase in dementia screening in May and June. There are plans to reinstate the resource to support this but this has not yet been established due to Covid. While acknowledging dementia screening is below the national target, the more important target is that relevant people are being referred and the Trust is achieving over 90% appropriate referral rate.</p> <p>CW felt where patients are on site and trying to communicate, masks can be a challenge and queried what is being done to support patients who are hard of hearing or have other disabilities which mean they need to lip-read. In terms of the return rate for Friends and Family Test in ED, CW sought clarification if this is due to people not filling in the forms by hand while on site and if there were any other methods for obtaining feedback.</p> <p>PB advised the Trust has explored the possibility of using masks with a clear panel to assist people who need to lip read, but they are not infection control compliant. Clear visors are used where appropriate. In terms of the Friends and Family Test, paper forms, iPads, etc. have had to be removed. Therefore, the Trust has been reliant on text message and e-mails and this has not been given the focus while the Trust has been responding to Covid. The texting system is being looked at to see when the initial and follow up messages are sent. Feedback does need a multiple approach and other methods are being considered.</p> <p>CW queried if it is known what other trusts are doing in terms of masks for people who need to lip-read. PB advised patients are treated on an individual basis. While the Trust asks people to wear a mask, there is a need to decide what the risk is in terms of their presenting condition, etc. There are opportunities where masks can be removed for a period of time in a distanced way or for a visor to be used. This has been discussed with infection control network. DS advised other organisations are taking the same approach as SFHFT in terms of identifying patients who have communication needs and swapping to clear visors as appropriate. There has been a national consultation with various charities.</p>		
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	<p>GW felt there is a need for staff to be proactive and ask patients if they can hear as a number of people who struggle to hear when masks are in place do not like admitting to it. PB felt this issue has been well managed and staff are conscious of it as it has been discussed in many forums. DS felt it would be useful to add a reminder to the next staff brief e-mail.</p> <p>JM noted while the levels of a few indicators are below target, there is nothing of particular concern. However, it would be useful to have further assurance through the Quality Committee.</p> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• <b>Include reminder to staff to ask patients if they are able to hear what is being said in next communications brief</b></li> <li>• <b>Further assurance in relation to quality care indicators which have fallen below target to be provided to the Quality Committee</b></li> </ul> <p><b>TIMELY CARE</b></p> <p>HH advised from an emergency care perspective, performance remains strong. The current focus is on creating a strong Winter plan with additional bed capacity, appropriate staffing and enough capacity in the segregated ED while working with colleagues outside the organisation in relation to safely reducing attends by patients whose needs can be met outside of ED.</p> <p>From an elective care perspective, performance has declined due to the national pause. However, the Trust continues to focus on cancer and urgent care patients. The decline in the Referral to Treatment (RTT) position is due to the volume of routine work waiting over 18 weeks; there has also been some growth in the 52 week wait position. All those patients will be receiving a call from a nurse specialist to discuss the impact of the wait on their physical and/or psychological health. The Trust is delivering 70% of outpatient activity, 50% of which is via telephone or virtually. Day case activity has recently increased and orthopaedic work at Newark is due to increase from 1<sup>st</sup> September 2020.</p> <p>The Trust continues to see and treat cancer patients. The backlog of 104 and 62 day waits peaked at the end of May 2020 but as services such as endoscopy have been restored through June and July the backlog has reduced by 50%. There is a disproportionately high number of patients waiting over 104 days. Many of those are patients who received a holding treatment, are awaiting a surgery date or have asked to delay their pathway due to Covid anxiety. The 'ask' of the Regional Medical Advisor was to reduce the backlog of cancer patients by 20% from early July to mid-August. The Trust has already exceeded that trajectory.</p> <p>Routine diagnostics have been significantly impacted by Covid. Activity can be re-instated up to 90%. It is likely there will be backlogs for some time. It is necessary to restore activity levels before it can be established how long recovery will take.</p>	<p>RS</p> <p>DS / JH</p>	<p>03/09/20</p> <p>16/09/20</p>
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JM felt it would be useful for the Recovery Plan to show the trajectory on activity and other measures to help identify the risks. HH advised there will be some specialities where the risk is higher, while some specialities have been relatively unscathed by Covid and continue to work at the same activity levels (for example, paediatrics or other specialities who have been able to do much more work via telephone).

JM requested an update on the work being undertaken to look at potential harm caused by the backlog. DS advised a specialist nurse is going through the backlogs and there is agreement with all the specialties in relation to what areas to look for. This work is progressing and a Covid harm report will be presented to the Quality and Patient Safety Cabinet. It is likely the harm which will be detected will be retrospective. PB advised a paper will be presented to the TMT meeting on Friday 7<sup>th</sup> August 2020.

CW noted some patients are choosing to decline appointments and queried what the Trust can do to engage with patients in relation to providing reassurance of the safety measures which have been put in place. HH advised patients on the waiting list have welfare checks and calls with a cancer nurse specialist, depending on which part of the pathway they are on. However, there have always been patients who do not want to come for different procedures and have to be encouraged to attend. If a patient continually does not want to come in, other offers have to be considered, including a discussion with the GP to establish if there are any other factors and best interest meetings to try to understand patients' anxieties.

RM advised this issue was discussed at recent meetings of the East Midlands Cancer Alliance and Cancer Boards. Where there is evidence of best practice in one organisation, there is a need to ensure this is shared. The response to the perception of risk will change as people begin to understand the risk of coming to the hospital is very low due to the steps being taken.

CW felt communication to patients is important to try to get people to understand hospitals in their current state are very different to what has been seen in media reporting over the last few months. RS advised the Trust is doing some things to address this issue but accepted more can be done.

RM advised the Phase 3 letter will be the framework for decision making within the Trust. It will be discussed at TMT on 12<sup>th</sup> August 2020 and the Recovery Committee on 19<sup>th</sup> August 2020. There will not be a plan to deliver everything in the letter.

**BEST VALUE CARE**

PR advised the Covid financial regime has been in place through Q1 and will remain in place for Months 4 and 5. Under the regime for Q1, the Trust is reporting a break even position. Full retrospective top-ups of £7.9m to cover the direct costs of Covid-19 and £3.7m to cover the shortfall in block contract and top-up funding have been received.

	<p>Non-Covid costs for Q1 are £89.8m, which is 6% lower than the average run rate for 2019/2020, representing a non-recurrent reduction in run rate. The Trust is adverse to the financial strategy on a recurrent basis by £3.4m at the end of Q1 due to the financial improvement programme (FIP) being stood down as a result of the planning process being stood down nationally.</p> <p>In terms of capital, spend has been £410k more than the capital plan to date due to spending of £1.8m on Covid related capital, for which retrospective approval is expected. There are a number of capital routes available to providers and the Trust has received confirmation it will be in receipt of £2m further capital funds in order to improve and expand the ambulatory care unit to ensure segregation in ED.</p> <p>NG advised it is currently an artificial financial regime. The Finance Committee will meet at the end of September 2020 to take a view on the position at that point.</p> <p>GW noted it is an uncertain regime and it is not known what will happen after Month 5. However, it is important to prepare by keeping a watch on the cost base, both pay and non-pay. As activity increases in the recovery phase, there is a danger the Trust will incur more costs than it is able to recover.</p> <p>PR advised while the values are not known, block contracts will continue for the remainder of the year and no contracts will be in place with local commissioners. Block contract values are being reviewed and the retrospective top-up of Covid costs will cease, to be replaced with a prospective block allocation at a system wide level of anticipated Covid costs. When the values are known, a piece of work will be required to establish what is possible in terms of capacity to meet the activity requirements.</p> <p>JM noted the FIP has been stood down and queried if this will be reflected in the starting position for 2021/2022. PR advised next year will be an evolution of what is described in the Phase 3 letter. It is unlikely there will be a return to the same financial regime as had been anticipated for 2020/2021. However, the target FIP expectation is not known. In preparation for a challenge in 2021/2022, the Trust is starting to scope the 'art of the possible' in terms of financial opportunities within the transformation schemes and programmes which have been put in place to understand where divisions may be able to make further financial improvements.</p> <p>The Board of Directors CONSIDERED the report.</p>		
<p><b>17/679</b></p>	<p><b>BOARD ASSURANCE FRAMEWORK (BAF) AND SIGNIFICANT RISKS</b></p>		
<p>3 mins</p>	<p>RM presented the report advising all the principal risks have been discussed by the relevant sub-committees. The changes and amendments which have been made are highlighted in the report.</p> <p>The current risk ratings for Principal Risks (PR) 1, 2, 3 and 4 are above their respective tolerable risk ratings.</p>		



	<p>For PR1 - Significant deterioration in standards of safety and care, the current exposure rating is 20 compared to tolerable rating of 9, PR2 - Demand that overwhelms capacity, current exposure is 20 compared to tolerable of 16, PR3 - Critical shortage of workforce capacity and capability, current exposure is 20 compared to tolerable of 12 and PR4 - Failure to achieve the Trust's financial strategy, current exposure 15 compared to tolerable of 12.</p> <p>The risks have been discussed at an Executive Team meeting and it is felt across those 4 principal risks, individually and collectively, in places the current exposure is not aligned with where the actual risk currently is. Further discussion is required by the relevant sub committees to establish if the actual current exposure is aligned with what is detailed in the BAF.</p> <p>JM noted the risks need to be kept under continual review as things are changing rapidly. GW felt in looking at the risk rating, there is a need to properly consider what the tolerable risk level is. Where there is a gap on a long term basis this may be due to reaching a point where the risk can be managed and, therefore, a higher level of risk can be tolerated or there is a huge stress which is not being responded to.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Risk ratings for current exposure and tolerable level for PR1, PR2, PR3 and PR4 to be reviewed by relevant sub committee</b></li> </ul> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework</p>	<p>RM</p>	<p>01/10/20</p>
<p>17/680</p>	<p><b>LEARNING FROM DEATHS QUARTERLY REPORT</b></p>		
<p>8 mins</p>	<p>DS presented the reports for Q4 of 2019/2020 and Q1 of 2020/2021.</p> <p>In relation to Q4, there has been an elevation of HSMR and work is ongoing to clarify the significance of this. There have been some early warning reports of showing some slight outlying in terms of the number of patient deaths against the number of expected deaths. An initial high level investigation has shown no obvious concern but a deep dive is being conducted. The Trust is working with Dr Foster to try to understand the information. It was noted a relatively small number of patient can show the Trust as an outlier in some categories.</p> <p>The Summary Hospital Mortality Indicator (SHMI) is within the expected range. However, the Trust is recruiting an external expert to work to investigate this and provide greater assurance.</p> <p>SFHFT is in the bottom quartile for coding against palliative care. DS advised it would be a concern to simply put all the issues down to coding without having more information.</p> <p>JM acknowledged and welcomed the cautious approach.</p>		

	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Brief paper to be circulated to members of the Board of Directors explaining the difference between HSMR and SHMI</b></li> </ul> <p>In terms of Q1, a number of automated systems have been stood down due to Covid and the audit data collection system has changed. However, an initial report from Dr Foster is included. Dr Foster and NHSE have yet to decide how to handle Covid-19 deaths as they will significantly skew the figures. Currently both organisations are taking Covid deaths out to look at them separately.</p> <p>There has been a reduction in activity due to Covid, which is consistent with other organisations. In relation to crude mortality figures and bearing in mind this is an early report, SFHFT had an increase in mortality compared to the national picture. However, there are mitigating factors in that the Trust's patients had a greater level of comorbidity factors and were older compared to the national picture.</p> <p>A tranche of 42 Covid related deaths has been examined to establish if there were any lapses in care. This concluded there were no obvious lapses in the care provided.</p> <p>The Trust is trying to change the focus of the mortality surveillance group towards learning from deaths. A number of people who have been shielding offsite have been working on completing the Structured Judgement Case Reviews (SJCR). By having a smaller cohort working on these, the quality of SJCRs has improved. It has been proposed to the divisions to establish a faculty to maintain this approach going forward.</p> <p>The Board of Directors were ASSURED by the report</p>	DS	03/09/20
17/681	<b>USE OF THE TRUST SEAL</b>		
1 min	<p>SH advised the Trust Seal has not been used in the past quarter (Q1)</p> <p>The Board of Directors NOTED the verbal update</p>		
17/682	<b>ASSURANCE FROM SUB COMMITTEES</b>		
22 mins	<p><b>Audit and Assurance Committee</b></p> <p>GW presented the report, highlighting there has been a 25% reduction in the time for internal audit work. This has been agreed across all trusts supported by 360 Assurance. The implications of this will be discussed by the Risk Committee. A priority has been put on completing audits in relation to obtaining informed consent and financial cut-off procedures. It is important the resulting audit plan delivers all of the elements required for the Head of Internal Audit Opinion.</p>		

After some difficulty in getting interest for a new external auditor, an organisation has now come forward. They have provided a proposal and have given a presentation to the Governor Task and Finish Group who have recommended this organisation be appointed. This will be discussed at the Full Council of Governors meeting on 11<sup>th</sup> August 2020.

The Committee received the Procurement Annual Report. It was noted the Trust has to use NHS Supply Chain but there is a concern the supply chain specialist procurement team was not delivering either the service or savings expected. This has been escalated to NHSI. There is a need to keep this under review as it has a negative impact on benchmarking for value for money and use of resources.

NG sought clarification as to the cause of the 25% reduction in funding for 360 Assurance. PR advised the model 360 Assurance employ, is they have substantive staff and provide audit plans to support a number of organisations through a 12 month period. In Q1, due to Covid, they were unable to complete much work in delivering the 2020/2021 audit plans and were only able to close down 2019/2020 work. At the end of Q1 they were in the position of having 12 months of audit plans to deliver but only 9 months of resource to do it. The 360 Assurance Partnership Board agreed the message to organisations was that in effective Q1 could not be delivered unless additional resources were brought in at an additional cost. Therefore, 25% of the audit plan needed to be reviewed and removed. This is an impact of Covid and is a temporary reduction.

GW advised the Risk Committee will discuss the audit plan to ensure it targets the appropriate areas. It has been agreed the audit programme will be kept as flexible as possible to respond to issues which may arise.

**Finance Committee**

NG presented the report, highlighting the degree of uncertainty in relation to the financial regime for 2020/2021, but noting there is some clarity until the end of September 2020. For the period from October 2020 to March 2021, it is likely the block arrangements will continue but with the values being adjusted with a cap and collar arrangement. The Covid funding will continue but on a different basis, based on a block arrangement rather than retrospective claim for Covid related costs. The Finance Committee will meet at the end of September 2020 to review the arrangements for the remaining part of the financial year and the implications for the financial strategy.

NHIS have provided a lot of additional support during Covid and the Committee thanked them for their work as they have maintained standards at a time when they had additional work and have achieved a break even position which is expected to continue until year end.

**Quality Committee**

BB presented the report, highlighting the ongoing work to understand the direct and indirect impact of Covid in terms of harm to patients. There are plans to develop a dedicated resource to support this area of work.

The Committee received information on the CQC recommendations. There are some 'must do' and 'should do' actions. These are included in the Advancing Quality Programme (AQP) and updates have been submitted to the CQC. The Trust is making good progress in relation to these actions.

The Committee had a healthy discussion in relation to the risk register and will continue to review this. There has been an external review of paediatric diabetic services which has resulted in a 'must do' action in relation to administrative support for the clinical team. This has now been resolved.

JM acknowledged there was some movement in the principal risks but felt it important to distinguish if this is due to context (e.g. restoration) or variability for an unclear reason.

**People, Culture and Improvement Committee**

CW left the meeting

MG presented the report, advising the risks are dynamic. The Committee acknowledged the contribution made by the volunteers. The Committee recognised the wide ranging methods of communication being used to reassure the organisation. It was noted how an effective, clear and consistent communication approach had been adopted during the Covid-19 incident.

JM noted thought needs to be given on how to thank the volunteers in a different way this year compared to previous years.

**Charitable Funds Committee**

TR presented the report, advising the Committee undertook a Charity Governance Code Assessment self-assessment during 2019. This identified some areas for improvement which are being worked through. The areas which are outstanding will be presented to the Trustee later in the year. There is some learning from Covid in a lot of areas and there may be an opportunity for partnership working going forward. The Committee is looking at the Trust Strategy and how that can be reflected in the Charity's Strategy.

The Charity risk register was reviewed and a lead has been nominated for each risk. One risk, stock market movements on external investments, had its score increased to 12 to reflect the current volatility in the stock market due to Covid and the potential move towards a global recession but there were no major concerns.

	<p>The outline business case for end of life care was presented and the Committee approved in principle to support the case once the Trust has approved the full business case.</p> <p>In relation to the Gamma Scanner, the Committee noted there has been a delay caused by capital and estates work. It is hoped the Gamma Scanner will be installed in time to alleviate Winter pressures.</p> <p>It was noted the breast cancer service in Newark has been delayed due to software issues aligning with Windows. HH advised this is being picked up through the cancer taskforce and is a GE problem as they are unable to complete an update.</p> <p>JM queried why GE has not done the necessary update. HH advised the Trust have been informed this is due to Windows 10 but the latest position is not known. This will be followed up. GE have previously offered dates when it can be done which are subsequently missed.</p> <p>TR felt this highlights the need to ensure when something is procured it is not delayed by something which is not the Trust's 'blockage'.</p> <p>TR advised a number of legacies have been received, some of which are quite substantial. Some legacies are restricted to specific areas or projects and others are generic. There is a need to maximise opportunities as much as possible. Once a legacy has come to fruition and it is identified where the funds can be allocated, families are kept informed to ensure everyone is happy with progress.</p> <p>The Committee discussed the role of the governors with regard to promoting the charity and ensuring they act as an ambassador for the charity. The governor observer agreed to take this forward with the Council of Governors.</p> <p>The Committee recognised and thanked the Community Involvement Team for their tireless work during the Covid-19 incident and particularly noted the Team's co-ordination and distribution of over 13,000 Easter eggs and the great many other donations received, to staff, patients and the wider community, such as food banks, local children's charities and care homes.</p> <p>The Board of Directors were ASSURED by the reports</p>		
<p><b>17/683</b></p>	<p><b>COMMUNICATIONS TO WIDER ORGANISATION</b></p>		
<p>2 mins</p>	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> <li>• Phase 3 letter</li> <li>• Safeguarding Annual Report</li> <li>• Equality and diversity – link to staff survey and BAME risk assessments</li> <li>• Recognition staff are tired while highlighting the support which is available</li> <li>• As services are restored, focus on continuing to provide high quality care</li> </ul>		

	<ul style="list-style-type: none"> <li>• Update on strategic objectives</li> <li>• Community involvement and volunteers</li> </ul>		
<b>17/684</b>	<b>ANY OTHER BUSINESS</b>		
<sup>1 min</sup>	No other business was raised		
<b>17/685</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 3<sup>rd</sup> September 2020, in the Boardroom, King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 15:35.</p>		
<b>17/686</b>	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald</p>		
	<b>Chair</b>	<b>Date</b>	



17/687	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
1 min	Sue Holmes – Lead Governor, advised whenever possible governors thank and praise staff. In terms of contacting people to let them know the hospital is ‘open for business’, a starting point will be the volunteers and members for whom e-mail addresses are held.		
17/688	<b>BOARD OF DIRECTOR’S RESOLUTION</b>		
1 min	<p><b>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting</b></p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</p> <p>Directors AGREED the Board of Director’s Resolution.</p>		