

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 5th November 2020 in the Boardroom, King's Mill Hospital

Present:	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
	Simon Barton	Chief Operating Officer	SB
	Julie Hogg	Chief Nurse	JH
	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	
In Attendance:	Sue Bradshaw	Minutes	
	Phil Harper	Associate Director of Strategy	PH
	Penny Cole	Head of Midwifery	PC
	John Tansley	Clinical Director for Patient Safety & Chair Learning from Deaths Group	JT
Observer:	Andrew Marshall	Deputy Medical Director, NUH	
	Philip Marsh	Public Governor	
	Ian Holden	Public Governor	
	Sue Holmes	Public Governor	
	Kevin Stewart	Public Governor	
	Roz Norman	Staff Governor	
Apologies:	None		

The meeting was held in 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
17/759	WELCOME		
1 min	<p>The meeting being quorate, JM declared the meeting open at 09:00 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, 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. All participants confirmed they were able to hear each other.</p>		
17/760	DECLARATIONS OF INTEREST		
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>SH declared her position as Director of Corporate Affairs for Nottinghamshire Healthcare.</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> <p>There were no declarations of interest pertaining to any items on the agenda</p>		
17/761	APOLOGIES FOR ABSENCE		
1 min	There were no apologies for absence.		
17/762	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting held on 1 st October 2020, the Board of Directors APPROVED the minutes as a true and accurate record.		

17/763	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 17/674, 17/678.3, 17/708.2, 17/734.1, 17/734.2, 17/135.1, 17/735.2, 17/739.1, 17/739.2 and 17/742 were complete and could be removed from the action tracker.		
17/764	CHAIR'S REPORT		
4 min	<p>JM presented the report, acknowledging there has been discussion in the press regarding a Covid vaccine. Various organisations, including the Trust, are making preparations to give the vaccine, but it is not yet known when the vaccine will be available. DS advised, in addition, the efficacy and safety data of the vaccine is not yet known.</p> <p>JM advised throughout October the Trust has been celebrating Black History Month, alongside partner organisations, with a number of webinars being held. This has been successful in raising awareness. However, it is acknowledged there needs to be a change in mind-set and see things from a different perspective.</p> <p>The Staff Excellence Awards will be taking place on 6th November 2020 as an on-line event. The governor elections have concluded. Two new governors have been elected, one for Ashfield and one for Newark and Sherwood, and Sue Holmes, Lead Governor, has been re-elected for Ashfield.</p> <p>The Board of Directors were ASSURED by the report.</p>		
17/765	CHIEF EXECUTIVE'S REPORT		
15 mins	<p>RM presented the report and advised it is a rapidly evolving situation in relation to Covid. Nottinghamshire went into Tier 3 at the end of week commencing 26th October 2020, with national restrictions effective from 5th November 2020. The Senior Leadership Team supports the national restrictions, recognising the impact it will have on people's personal wellbeing, ability to see friends and family, etc. and also the impact on the economy and people's job prospects. However, national restrictions will be a more effective approach than the tier system and will hopefully enable the Trust and wider NHS to provide safe care to all patients this Winter.</p> <p>RM expressed thanks to all colleagues at SFHFT and noted there has been an increase in network working with NUH, Nottinghamshire Healthcare and local authorities. Thanks were also expressed to the community as changes in the organisation will impact on patients and individuals.</p> <p>At the beginning of October, the Trust was caring for six Covid positive patients, including one in ITU. As of 4th November 2020, this number has increased to 88, including six in ITU. This increase was mainly at the end of October.</p>		

The Trust wrote out to the community at the end of week commencing 26th October 2020 regarding changes to the visiting policy. There have been some further changes which will be communicated to the community today (5th November 2020). There is no change for partners attending for a 12 or 20 week scan, induction, labour and onto the maternity ward. The Trust has a well embedded outpatient policy, whereby unless certain criteria are met, the expectation is for outpatients to attend alone. There is a change to visiting the wards with visits only being allowed after a patient has been in hospital for 7 days, after which a single visitor can visit for an hour three times per week. This is a change from the message issued week commencing 26th October 2020 but is against the backdrop of rapidly increasing rates of Covid across Nottinghamshire. Wherever possible, colleagues who can work from home should continue to work from home. However, this is not to suggest people should be working from home 5 days per week, but a 4/1 or 3/2 split maybe appropriate to ensure service delivery and to ensure the health and wellbeing of staff.

In terms of testing, over the last 2 months the Trust has provided timely symptomatic tests to colleagues and their families which has enabled people to return to work safely. With the move to Tier 3, the Trust has been asked to roll out an asymptomatic testing programme to front line colleagues. This is being worked on and will be rolled out in the next couple of weeks. The aim is to test all front line colleagues, with a view to moving to testing all colleagues once per week. The Trust has been learning from other organisations who have recently rolled out asymptomatic testing.

It is a collective effort to manage Covid, but everyone has a personal responsibility for hands, face and space.

With reference to shielding, a letter was received on 4th November 2020 regarding the most vulnerable patients and colleagues. There is a need to fully understand the requirements but there appears to have been a change to the national shielding policy. The Trust needs to ensure it is continuing to protect colleagues.

Throughout wave 1 and into wave 2, Trust communications have been strong and steps have been taken to strengthen this further. RM advised he will provide a brief written update to the community on a weekly basis given the situation is rapidly evolving. DS and RM will be doing a virtual brief for junior doctors on 6th November 2020, JH has met with the portering team, JH, RM and Ben Widdowson, Associate Director of Estates and Facilities, have communicated directly to the soft FM hotel services team and the Executive Team will be holding a briefing with the wider leadership team during week commencing 9th November 2020.

JM acknowledged there is a lot of communications which are issued to the organisation. However, it has been agreed in the event of a sudden change, a one off communication will be issued to Non-Executive Directors (NEDs) and governors.

	<p>RM advised the Trust continues to make excellent progress in relation to the restoration of services. It is anticipated all NHS organisations will shortly receive a national letter setting out the expectations for the second wave of Covid. This is likely to be subject to local interpretation as it is acknowledged not all organisations will experience Covid in the same way. While the Trust has a high number of patients with Covid, it is still able to provide other patient services. SFHFT is committed, where possible, to continue with cancer, urgent and emergency care, elective care and diagnostic pathways.</p> <p>EU Exit planning meetings are held fortnightly and a detailed update is provided in the report. It is acknowledged a lot of issues are beyond the Trust's control.</p> <p>75% of front line staff have now had the flu vaccine, but there is a need to try to increase this.</p> <p>RM advised he joined a virtual event for Black History Month and it was interesting to hear from colleagues across the ICS.</p> <p>JM felt in terms of EU Exit, it would be useful for a brief paper outlining the potential risks, etc. to be provided to the December meeting of the Board of Directors as this will be the last meeting before the end of the transition period. RM advised information is included in the CEO report but a separate report to update the Board of Directors can be provided next month.</p> <p>GW felt the Trust is in a good position in relation to EU Exit. Little information is being received centre but the Trust will continue to monitor the situation. DS advised he has some concern in relation to pharmaceutical supply lines. While there is assurance about national stockpiling, it is not clear if this is based on anticipated conventional use of pharmaceuticals or Covid surge use.</p> <p>Action</p> <ul style="list-style-type: none"> • Report detailing potential risks linked to EU Exit to be presented to the Board of Directors in December 2020 <p>The Board of Directors were ASSURED by the report</p>	<p>RM</p>	<p>03/12/20</p>
<p>17/766</p>	<p>STRATEGIC OBJECTIVES UPDATE</p>		
<p>6 mins</p>	<p>PH joined the meeting</p> <p>PH presented the report, advising this is the Q2 update on progress against the 15 strategic objectives. In response to feedback from the Board of Directors, the layout of the report has been amended and an additional column added providing details of the impact of the work which has been done against each of the objectives. There is good progress across a broad range of areas with minimal delays in most areas due to Covid. The objectives, and progress against them, demonstrate positive internal engagement and external collaboration.</p>		

	<p>JM welcomed the work in relation to the ‘softer’ side, i.e. supporting the workforce, inequalities, etc. A good inequalities strategy was recently presented to the ICS Board. As a result of this the Trust needs to consider how it needs to change as an organisation and change the service delivery to reach vulnerable groups, encourage the workforce to lead healthier lifestyles, etc. JM noted the reference in the report to wider socioeconomic characteristics and felt thought also needs to be given to what the Trust needs to do differently in terms of working with others and addressing agendas which may be led by other organisations.</p> <p>RM felt the report shows the breadth of work being undertaken within the Trust and noted there is a read across with the Q1 ICP update which was presented to the Board of Directors in October 2020.</p> <p>PH advised there is an increasing appetite in terms of engaging with people to address the health inequalities agenda and there is an opportunity to develop this further.</p> <p>Action</p> <ul style="list-style-type: none"> • Board of Directors workshop session to be held to consider how the Trust needs to change as an organisation and change the service delivery to reach vulnerable groups, encourage the workforce to lead healthier lifestyles, etc. and address agendas which may be led by other organisations <p>The Board of Directors were ASSURED by the report</p> <p>PH left the meeting</p>	<p>RM</p>	<p>TBC</p>
<p>17/767</p>	<p>STRATEGIC PRIORITY 3 - TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE</p>		
<p>24 mins</p>	<p>Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 monthly report</p> <p>JH presented the report, advising the nursing and midwifery vacancy rate is just below the national average at 11% and sickness absence had reduced over the Summer months by just under 3%. There is a good pipeline of 41 international nurses to support the Trust over the coming months. It is hoped some of these nurses can be deployed before the end of the financial year and the Trust has received central funding to help achieve this. 20 trainee nurse associates have started at Nottingham Trent University and this is the start of the pipeline of ‘growing our own’.</p> <p>Agency reliance has reduced over the past 6 month period, although this is likely to change over Winter. Care hours per patient day benchmark well and the Trust remains in the top quartile. 54 related staffing incidents were reported through the Datix reporting system, which is stable and there was only one red flag indicating when the workforce is not able to meet the needs of patients.</p>		

From an AHP perspective, the position remains strong. Midwifery have made significant inroads into reducing their vacancy rates and have had the BirthRate Plus assessment of their workforce which shows the workforce is sufficient for current demand. The Trust will need to make some investment in the coming year to meet the continuity of carer standard.

Overall there is good compliance with workforce safeguards and JH advised she and DS are assured nursing, midwifery and AHP staffing is safe, effective and sustainable.

MG advised the report has been presented to the People, Culture and Improvement Committee who took lots of assurance from the report.

NG noted the vacancy rate for nurses is 11.6%, which has been relatively constant, and queried what actions are going to be taken and how is the approach going to be different in order to achieve the target of reducing the vacancy rate to 5% by 2028. NG noted investment will be required in maternity care and staffing across bands 3-8 and queried how many people are needed and how this will be funded.

JH advised a combination of methods will be used to recruit in order to reduce the vacancy rate. There is an international recruitment programme which is being supported centrally for the current year and next year. The Trust is also looking at 'growing our own'. Trainee nurse associate apprenticeships started this year and central funding has been received to start RN apprenticeships, which is a 4 year apprenticeship. A micro site for recruitment is being developed which will help the Trust attract people nationally. This will enable a lot of the interview process to be conducted virtually and will tap into people who are not actively seeking employment via social media. The Trust will also have an increased presence at jobs fairs.

In terms of the maternity review, BirthRate Plus were asked to establish how many midwives the Trust is short of in order to achieve the continuity of carer target of 51%, which is the national target for 2021/2022. It has been identified the Trust is short of 12.8 midwives. There is funding attached to the NHS Resolution (NHSR) programme whereby the Trust receives a rebate, so there is an option to develop a case around that. There is a lot of money available nationally for maternity transformation. The Trust has been supported by the local maternity and neonatal system to recruit five of those midwives in this financial year and will be looking for further support for next year.

BB queried what the particular challenges are for the next 6 months and if there is anything further which can be done to provide support to JH with those challenges. JH advised the biggest challenge is Covid and the workforce loss associated with staff contracting Covid, self-isolating, introduction of asymptomatic testing and staff generally being tired. JH advised she has good support from Board and executive colleagues. The Trust is constantly looking at what other organisations are doing and taking national opportunities to get more nurses, AHPs and midwives into the organisation.

	<p>BB queried if there is a timeline for the Board of Directors to be sighted on the medical safe staffing agenda in order to get a complete picture across the clinical workforce. DS advised a paper was recently presented to the People, Culture and Improvement Committee relating to medical safe staffing and this will also be presented to the Quality Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • Report regarding medical safe staffing to be presented to the Quality Committee <p>TR queried what more can be done or built on in terms of staff retention. JH advised the Trust has looked at a professional development framework which looks at five domains to retain staff. The Trust is embarking on a pathway to excellence programme which helps to ensure the workforce is developed, nurtured, valued and staff have purpose in their role in order to deliver the best care to patients. Tabettha Darmon, who is the new Assistant Chief Nurse, has come in to specifically lead that programme of work. TR felt it would be useful to have a Board of Directors development session looking at this programme and to consider what could be cascaded out into other areas of the workforce.</p> <p>Action</p> <ul style="list-style-type: none"> • Pathway to Excellence programme to be topic for future Board of Directors Workshop <p>RM advised the Trust provides good psychological support for colleagues with a focus on welfare and wellbeing. However, there is a need to consistently do the basics well, i.e. continuing to provide hot food overnight, ensuring staff can take breaks, annual leave, etc. There is fatigue in the workforce and people are struggling with a sense of guilt. There is a need to explore this further across the organisation.</p> <p>EC advised the Trust is actively engaging with all colleagues across the organisation regarding access to career conversations. There is a suite of career opportunities available where colleagues can look to strengthen their career in the Trust. In terms of wellbeing, the Trust has an initiative, rest, rehydrate and refuel, aimed at encouraging colleagues to take a break and to eat and drink. The executives are working closely with teams to identify how the Trust can continue to support colleagues.</p> <p>MG queried if staff's home-based pressures are understood and acknowledged. EC advised this is recognised and has been picked up from engaging with colleagues. Part of the current offer is ensuring colleagues and their family are supported. Examples of this are financial help, signposting for colleagues, etc. There is a need to actively listen to staff and this is being achieved through the wellbeing road shows. There is a need to learn and understand in order to be able to respond. The offer needs to be flexible and agile and strengthened where possible.</p>	<p>DS</p> <p>JH</p>	<p>04/02/21</p> <p>TBC</p>
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	<p>JM felt AHPs are important and the role of those staff will be more critical with the move to system working. JM queried what discussions are happening across the system in terms of recruitment, retention, etc. JH advised the international recruitment and clinical apprenticeships is working across the ICS.</p> <p>RM advised there needs to be a balanced approach to system working in terms of recruitment. There are a range of benefits in communicating the offer across the ICS and having a joint approach, but equally SFHFT is a net importer of staff from other organisations and has developed a strong clear 'brand' which resonates with people. The Trust supports doing things on a wider scale while retaining flexibility and independence. JM acknowledged the Trust has a good reputation as being a good place to work.</p> <p>CT advised SFHFT has a strong 'brand' and is generally able to attract and retain staff. However, there is a benefit from some things which can be done at a system level by attracting people to come to work in Nottinghamshire and stay in Nottinghamshire. Work is being done as a system with the universities to retain students from other parts of the country in Nottinghamshire when they complete their course as this benefits the overall local population. Collaboration work is important and, by default, SFHFT benefits.</p> <p>DS advised there are a number of medical fragile services and the Trust has strived to work together with NUH to make those roles more attractive. There is a need to have a balanced view and joined up approach, for example, one organisation to develop one workforce group and another develop another area.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>17/768</p>	<p>PATIENT STORY</p>		
<p>10 mins</p>	<p>PC presented the Patient Story which related to the support provided by a Midwife and highlighted the work of the continuity of carer teams. The patient nominated the midwife for a Daisy Award.</p> <p>BB queried if there are any particular challenges in rolling out this way of working for maternity. PC advised the point has been reached when the Trust needs to look at how the workforce is deployed. A lot of work has been done to identify if there are any significant gaps in the midwifery workforce. While there are some gaps, they are not significant. This has helped the team to concentrate on working with the midwives to deploy teams in different ways. Moving from one way of working to another has a big impact on individual midwives and this is a cause of anxiety across the workforce. However, there is good support from HR and union colleagues to work with midwives to fully understand the impact.</p>		

17/769	SINGLE OVERSIGHT FRAMEWORK QUARTERLY PERFORMANCE REPORT		
66 mins	<p>Newark Urgent Care Centre (UCC) – overnight closure</p> <p>RM advised at the start of the Covid Incident the Trust took the decision, in line with NHSE/I and CCG, to close the UCC overnight between 10pm and 9am. The extension of the closure from 6th July 2020 to 4th January 2021 was approved by the Board of Directors in June 2020. A small working group, led by the CCG, has been established which includes representatives from primary care, Newark Primary Care Network, NEMS and SFHFT to review the overnight closure and the impact it is having on patient care. As the pandemic has continued, the factors which led to the original decision to close the UCC overnight, which are predominately access to medical staffing, have not resolved.</p> <p>The CCG have requested this verbal update be provided to the Board of Directors to request support for a recommendation to extend the overnight closure of the UCC to July 2021. Agreeing this action now gives Newark UCC staff certainty and provides the opportunity to pursue alternative staffing models and effectively communicate to patients and the wider community. The overnight closure will be reviewed in April 2021.</p> <p>GW queried if any patient harm has been identified. JH advised the Covid harm report, which is presented to the Quality and Patient Safety Cabinet, reviews all reported incidents relating to the UCC closure. Some of the incidents relate to patients attending the UCC who were not appropriate to attend the UCC and were transferred by ambulance to King’s Mill Hospital. No harm has been identified as a result of the closure.</p> <p>SB advised it is currently safer for the UCC to be closed overnight as this provides certainty to the community as it is better for the UCC to be closed overnight than being open one night and closed the next due to workforce issues. Colleagues who work at the UCC feel safer in that respect. However, it is important to get the communication right to the local community.</p> <p>DS advised when the UCC was open overnight, incidents were still encountered. Having clarity for a period of time is helpful.</p> <p>CW queried what feedback has been received from the community regarding the overnight closure so far and what discussion has the Trust had with United Lincolnshire Hospitals (ULH) or other trusts to understand the impact of people going elsewhere. RS advised the decision is generally well supported and the community understand the reason for the decision. There is some risk with an extended closure and there is a danger this could be met with scepticism in some areas. Therefore, this needs to be carefully managed. However, the Trust has a good open relationship with the Say Yes to Newark group and other stakeholders in the community.</p>		

SB advised in terms of ULH, one of the benefits is Grantham A&E was closed overnight but is now an urgent treatment centre (UTC) which is open 24 hours. Having a UTC close to Newark is helpful and some Newark residents are using that. This is not being raised as an issue by ULH but the Trust will continue to communicate with ULH.

JM confirmed this is a CCG decision and they are seeking SFHFT's support. There is a need for the Trust to work closely with the CCG in terms of communications. The CCG need to be assured on safety and the Trust will look to the CCG for formal assurance in this regard.

The Board of Directors AGREED to support the CCG recommendation to extend the overnight closure of Newark UCC to July 2021

PEOPLE AND CULTURE

EC advised there are currently 130 apprenticeships across the Trust and ongoing career conversations are helping to increase that number. Career clinics are helping to develop colleagues in the Trust. A Nottinghamshire-wide talent academy, which seeks to encourage people to come to the region for their career in health and care, is due to launch in January 2021.

Week commencing 16th November 2020 is anti-bullying week. During the week the Trust and ICP partners will be launching a public facing and internal campaign relating to the fact SFHFT does not accept bullying and harassment and does not tolerate violence and aggression from members of the public. It was acknowledged this was identified as an area for improvement from the last staff survey results.

The staff survey for 2020 is currently open and the Trust is just above average in terms of response rate. It is challenging to get people to complete the survey this year given the Covid pressures. However, the Trust is actively encouraging colleagues to have a voice in SFHFT. The survey closes on 27th November 2020.

Work is ongoing in relation to the NHS People Plan which was published two months ago. SFHFT is actively taking forward the asks in the plan relating to welfare and wellbeing. The managers' induction programme has been revised based on the People Plan. Wellbeing conversations for all colleagues are being tested in some areas prior to a full rollout at the start of Q4. Wellbeing road shows have started and targeted support is being provided to areas which currently have the greatest need. Where needs are identified, the Trust tries to meet these internally or by signposting to external offers.

Recruitment to citizen improvement partners has commenced. The aim is to recruit ten citizens who will be trained in quality improvement to help the Trust look at how services can be improved. Six people have been recruited to date.

A new knowledge management system has been introduced within the Quality Improvement and Clinical Audit teams, which enables the Trust to capture where improvement is taking place across the organisation.

A coaching programme has been undertaken over the last 3-4 months and 40-50 colleagues have been trained to be coaches. The focus has been on being a general coach and a coach for improvement. Coaches are actively supporting areas of change in the organisation.

GW advised, in terms of the staff survey, Queen Elizabeth Hospital have taken laptops out to restaurants and break rooms to try to encourage staff to complete the staff survey. This has led to the response rate increasing. EC advised services which can be visited are actively being visited but advice is being taken from the infection prevention and control team. iPads have been made available to staff and colleagues have been invited to take dedicated time out to complete the survey.

JM felt it important to try to increase the staff survey response rate as this gives a broader view. RM advised there is a need to get the timing right when promoting the staff survey and this will be pushed over the next two weeks.

CT advised absence levels increased over Q2 with a particular rise in overall absence during October. An increase is expected at this time of year but there has been an increase in Covid related absences, which coincides with increasing prevalence of Covid in the community. 13 people are shielding due to pregnancy. All other shielding staff were returned to work in some capacity. However, some guidance was issued on 4th November 2020 in relation to shielding which needs to be worked through. At the peak of Covid in the Spring, 118 staff were shielding.

Occupational Health usage remains high. This is good as it indicates a good service which supports staff in terms of all issues related to health and wellbeing. The Trust has maintained the core offer to staff and managers and has been able to quickly take swab tests for staff or household members, enabling staff to return to work quickly where the test proves negative for Covid. Asymptomatic testing for all front line clinical staff will be rolled out over the coming weeks.

A high level assessment of absence data has been completed to provide assurance there is no adverse impact on particular groups of staff. This particularly looked at BAME staff and there is nothing to indicate that is the case. This work is now starting to get into the detail of understanding why people are off and assessing information from an equality and diversity perspective.

The flu vaccination programme is going well. 74% of front line staff have received the vaccine and overall 68% of staff have been vaccinated.

Turnover and vacancies have remained low and overall turnover in the NHS has reduced. As expected, mandatory and essential training is below target as there have been some challenges regarding delivery and some of the expectation on staff regarding completing training has been reduced. However, there is a programme in place to get this back on track and key aspects of training is being prioritised for key members of staff to ensure competencies are kept up to date.

	<p>BB felt it would be useful to have a breakdown by clinical group as well as division in terms of the uptake of the flu vaccination. BB noted the take up of occupational health interventions are largely related to Covid and flu but this is showing red. BB felt there is a need to revisit the target.</p> <p>CT advised future reports regarding uptake of the flu vaccination will be broken down by occupational and clinical groups. It is known there will be seasonal fluctuations in occupational health work and there has been a rise in September and October in occupational health usage for Covid related issues. There has been a year on year increase in uptake of the flu vaccination but the added impact this year is people wanting the vaccine as soon as it is available. This has meant the flu vaccine pressure has been in a concentrated time period. However, the target will be looked at.</p> <p>Action</p> <ul style="list-style-type: none"> • Flu vaccine updates to be broken down by occupational and clinical group • Consider amendment to target for take up of Occupational Health interventions <p>RM advised the flu vaccination rates are 81% for doctors, 71% for qualified nurses and 93.5% for other professional qualified clinical staff.</p> <p>JM requested an update on the reverse mentoring work and queried if this is being rolled out to mid-level managers. CT advised the programme is ready to roll out, training is in place and the programme will be rolled out across senior leadership teams. This programme is being undertaken at SFHFT and as part of a system piece of work as some people have indicated a preference to have an arrangement with someone from a separate organisation. This is part of the wider system response to the interim People Plan.</p> <p>JM noted a lot of innovative work is ongoing but queried how the impact of various programmes is being assessed and what programmes are adding value.</p> <p>CT advised some outcome measures are being developed, some of which are quantitative and others are qualitative assessments. The Trust is seeking to gain assurance the people who are off work, or are needing support, are the people who are accessing the available services. JM requested the People, Culture and Improvement Committee consider how the Board of Directors are informed about the impact of interventions such as occupational health, wellbeing, anti-bullying campaigns, etc.</p> <p>Action</p> <ul style="list-style-type: none"> • People, Culture and Improvement Committee to consider how the Board of Directors are informed about the impact of interventions such as occupational health, wellbeing, anti-bullying campaigns, etc. 	<p>CT</p> <p>CT</p> <p>EC / CT</p>	<p>03/12/20</p> <p>03/12/20</p> <p>04/02/21</p>
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MG queried if chairs and NEDs at a system level could be involved with reverse mentoring. CT advised the intention is to involve all members of the Board of Directors in the programme.

QUALITY CARE

DS advised the infection control figures are strong. There has been one never event whereby a knee aspiration was carried out on the wrong patient. This is going through the governance committees. Patient safety incidents are showing as red but DS advised this is a sign of a strong organisation and a developing patient safety culture. These primarily relate to an increase in the number of pressure ulcers.

As a result of a different way of capturing the metrics, there has been an increase in the reported numbers of cardiac arrests in ED and critical care. Previously those arrests were managed in their own teams but the data is now being captured. The metric will be moved to have a more robust Trust-wide capture of all cardiac arrests. This will take a while to work through. It is proposed to move the metric at year end.

CW sought clarification if the increases in reporting around patient safety are as a result of changes in practices to encourage flagging of what is happening or if it is a result of additional pressures on staff due to Covid. DS advised all incidents which are flagged are taken through a scoping mechanism. During the initial Covid phase there was a drop off in incidents being reported as people did not have time to complete the paperwork, which was a concern. Therefore, some retrospective work has been undertaken but this has not picked up any significant themes. JH clarified the pressure ulcers are community acquired and this has been escalated through the ICS quality group.

CW queried when benchmarking across other trusts are there similar changes in reporting in this area and is increasing pressure on staff filtering through into some patient areas and never events. Andrew Marshall, Deputy Medical Director, NUH, who was observing the meeting, was invited to comment. He advised he is not sighted to the level of detail but would echo DS's sentiments from the general impression he is getting from staff.

JH advised complaints are flagging red this month. While this is above the standard in month, YTD performance remains strong. There was a quiet period through Covid when the local population were more understanding but the number of complaints is starting to increase. However, the Trust benchmarks well compared to others.

The ED Friends and Family rating remains low. This is predominantly driven by the low response rate in minors. The Trust is working with the provider of the text message service to gain a full understanding as only 1 of a possible 3,000 responses has been received. As a national benchmark, overall the rating for ED is lower than the inpatient rating. The maternity rating remains below the standard and this is driven by the antenatal touch point as both birth and post natal are above the standard. A lot of feedback relates to waiting times and birth partners not being present at most antenatal pathway appointments may also be playing a role.

In terms of dementia screening, the Trust continues with the action plan which the Board of Directors and Quality Committee are well sighted on.

TIMELY CARE

SB advised the Trust is in a good position in terms of ED and emergency access performance remains strong. Over the last month system working and mutual aid support to NUH has been important and the Trust has taken a number of ambulance diverts for a long duration to support NUH. Despite this, ambulance turnaround times remains strong. 50 beds of the Winter Plan capacity have been opened. Apart from moving orthopaedic beds to medicine in January, most of the beds in the Winter Plan are open. This is a difficult time for the workforce but the divisions are doing an excellent job to keep the extra capacity in place.

JM noted the Trust generally performs well on emergency care with occasional daily 'blips', but noted these are becoming more frequent. SB advised there is a relationship with Covid in terms of swabbing and side room accessibility. There is a 'normal' need for side rooms but this is more challenging when admitting 12 patients per day with Covid who also need side rooms. In approximately 2 weeks' time, point of care testing will be introduced which will mean test results are available in ED. This will enable patients to be moved into a bay if they are negative for Covid. The situation is being managed well.

GW felt performance is outstanding, particularly in these challenging times but noted the number of patients in hospital over 21 days is starting to increase and sought clarification as to the reason for this. SB advised the number of over 21 day patients has increased in line with the overall number of patients. In terms of patients who are medically safe to be discharged, this is zero. Where a patient is medically fit, they are being moved to the care they need outside the hospital.

SB advised in terms of recovery, at the end of September outpatients was at 93% of the recovery plan in terms of activity. Day case and elective inpatients was 104%. Good progress is being made. Diagnostics is fully recovered and activity levels are similar to last year. This is mainly due to external 'van' capacity which is currently onsite. This has enabled more capacity to manage the loss of productivity due to infection control measures.

The forecast for the end of October is for performance to drop slightly due to the increase of Covid. Inpatient and elective will remain strong. Outpatient first is a risk as these are generally face to face appointments; follow up appointments are more likely to be held virtually. Not all outpatient template capacity first appointments is the same as pre-Covid templates due to social distancing. The Trust is trying to create as much extra space as possible in waiting areas. The objective for the rest of Winter is to try to hold the current position.

There is a need to work with NUH as there is a push to see waiting lists as a whole. There is a long way to go and there will need to be a significant amount of patient involvement.

	<p>SB advised in terms of cancer, in August the Trust treated more patients for cancer than were treated in the past 6 months. A lot of work is ongoing to reduce the backlog. This remains a risk area, particularly the diagnostic phase. A new MRI scanner is due to arrive in the Spring of 2021, which will help. The Trust will continue to work with NUH as this is likely to be viewed from a system perspective in the future. 50% of patients move between SFHFT and NUH for their cancer care. There is a need to ensure those pathways are as smooth as possible.</p> <p>NG queried if there was any capacity which could be utilised to start to make an impact on 62 day waiters. SB advised there was some capacity for diagnostics as van scanning capacity can be increased, but there is no extra operative capacity. The independent sector can be used for gynaecological cancers, but NUH are using a lot of that capacity. As cancer patients are likely to need critical care post-op, there are risks associated with this. There is also a workforce risk as if two weeks capacity is lost due to Covid in other areas, that is not as material on waiting times but there is more of an effect on the 62 day target.</p> <p>JM felt it would be useful to have a forward looking trajectory and a deeper dive. SB advised patients are being treated in clinical then time order. If average waits are reported and this is reducing, this is a good indicator.</p> <p>Action</p> <ul style="list-style-type: none"> • Average waiting times for cancer patients to be included in future SOF reports <p>NG queried if harm reviews were being conducted. SB advised harm reviews are still conducted on patients with the longest waiting times. Clinicians are looking at individual patients who require treatment. DS advised he is working with the clinical teams to look at backlogs. There will be patient harm but it will take a long time to capture that harm as it will be retrospective.</p> <p>JM felt there is a need to make the public aware of what actions the Trust is taking and why things are happening in the way they are. RM felt the message should be 'joined up' through the Board papers. In addition, there is a monthly virtual communication to the community and a weekly update. There is a need to work out the message to be conveyed and the best forum to communicate those messages.</p> <p>Action</p> <ul style="list-style-type: none"> • Actions being taken by the Trust in relation to recovery, and the reasons for those actions to be included in appropriate communications to the local community 	<p>SB</p> <p>RM</p>	<p>03/12/20</p> <p>03/12/20</p>
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BEST VALUE CARE

PR advised the end of Q2 marks the end of the retrospective Covid financial regime under which all trusts are reporting a breakeven position. YTD, SFHFT has secured £9m through retrospective top-ups to cover the shortfall in the block contract income and £11.7m has been retrospectively claimed to cover the direct costs of managing Covid for the first 6 months of the year. During Month 6, £2.5m was received to cover the shortfall and there was £738k spend to manage Covid. This is in line with months 4 and 5.

Year end forecasts are being prepared. The Phase 3 plan submissions which were made to NHSE/I on 22nd October 2020, indicates a shortfall which is in line with the YTD value of the £9m payments to cover the shortfall in block contract income.

Capital spend is £4.2m YTD which is below plan by £600k. This includes Covid capital. NHSI approval on all submissions which have been made is awaited. The cash balance is £33m at the end of September. This reflects the pre-payment of the block contract income for October. The pre-payment regime will continue for the remainder of the financial year.

NG advised there is an underlying deficit position and the Trust is £12m adverse to the strategy. There may be a need to introduce a FIP programme to start to address this. Currently there is no clarity on what will happen in the second half of the year if costs exceed the amount which has been awarded under the block contract. PR advised the strategy refresh will take place during Q4. The reason for that timing is the operational planning guidance for 2021/2022 is awaited.

BB noted the NHS has gone up to level 4 Covid response and queried what are the implications of this given the Trust is responding to Covid as well as 'business as usual'. PR advised the Months 7-12 Phase 3 Financial Plan submission picks up the recovery work being undertaken in divisions and is now incorporated into divisional forecasts. The plan also incorporates the cost of the Winter plan and forecast of further Covid costs. However, the framework and guidance the Trust was asked to plan within assumed the 'R' value is 1 and there is a Covid surge in January. Therefore, some of the conditions are 'not in play' but the plan did assume those things would happen, i.e. Winter, Covid and recovery, but within the parameters the Trust was given on planning.

JM noted the good work in relation to workforce and the OD agenda. Quality and performance is holding up, noting issues in relation to cancer and 52 week waiters. Uncertainties remain in relation to finance for the last 6 months of the year. It is likely there will be a return to a 'normal' financial regime for 2021/2022 and thought needs to be given to how this is managed.

The Board of Directors CONSIDERED the report.

17/770	BOARD ASSURANCE FRAMEWORK (BAF) AND SIGNIFICANT RISKS		
5 mins	<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>RM advised he feels the current risk exposure for PR1 - Significant deterioration in standards of safety and care, PR2 - Demand that overwhelms capacity, PR3 - Critical shortage of workforce capacity and capability are over stated but acknowledged these have been reviewed by the relevant committee.</p> <p>PR advised in relation to PR4 - Failure to achieve the Trust's financial strategy, there are no changes to propose and the BAF records the financial regime for months 7-12 is awaited. This has not been updated as the meeting of the Finance Committee where the BAF was due to be received, was re-scheduled from October to November.</p> <p>JM noted the risks in relation to Covid, EU Exit, Winter and restoration are looked at individually in the BAF but there is a need to consider the cumulative effect of these risks. RM acknowledged there are four independent risks but they are interlinked. This has been discussed by the Risk Committee, sub-committees and the governance forums which exist under the sub-committees. The Trust is under pressure but is performing well. There is a risk the cumulative impact of those four factors over time may at some point mean something 'has to give', which may be the restoration of services. For example, if a position is reached where the number of Covid patients in the organisation doubles, it may not be possible to maintain the restoration programme. There is a need to keep assessing the current position and flexibly looking at services. Restoration of cancer services, clinically urgent and emergency services and the wellbeing and welfare of colleagues are central. The separate risks and their relationship are understood.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework</p>		
17/771	LEARNING FROM DEATHS ANNUAL REPORT		
6 mins	<p>JT joined the meeting</p> <p>DS presented the report, advising this is the annual report, which also incorporates the Q2 data for 2020/2021. In view of concerns previously discussed by the Board of Directors regarding raised Hospital Standardised Mortality Ratio (HSMR), Learning from Deaths is an alternative method of assessing and providing assurance around the quality of patient care. In addition, it is key to lifting the learning from when care is not as it should be.</p> <p>360 Assurance produced a report regarding the process in terms of the Learning from Deaths systems and this provided significant assurance.</p>		

	<p>Covid impacted on the Trust's ability to continue with the work stream and the report highlights some of that impact. However, there were some positive impacts, including the establishment of a small group of dedicated clinicians undertaking Structured Judgment Case Reviews (SJCRs). This is positive in terms of consistency and quality of outcome and the Trust is keen to take this forward.</p> <p>The Trust failed to reach the 90% target and the report describes the difficulties associated with that and the reasons. The report also details progress against the 2018/2019 actions.</p> <p>There was a slight improvement in HSMR in Q2. A detailed report describing the investigative work into HSMR will be presented to the Quality Committee on 15th November 2020 and to the Board of Directors in December.</p> <p>BB noted there are 5 or 6 diagnostic groups flagging up and there is a need to understand the analysis and findings from that work, but acknowledged work is ongoing which will provide more assurance.</p> <p>JT advised there are six outlying diagnostic groups which are flagged up in the Q2 report. One of those is abdominal pain and there are only five patients affected. This number is manageable to look into in detail but the group may not flag in future reports. The context will be looked at to identify the reasons for being an outlier, rather than just the numbers.</p> <p>The Board of Directors were ASSURED by the report</p> <p>JT left the meeting</p>		
17/772	QUALITY ACCOUNT		
1 mins	<p>JH presented the report, advising the Quality Account has been presented to the Quality Committee. It has also been reviewed by external stakeholders. Statements from the CCG, Healthwatch and Health Scrutiny Committee are included in the report.</p> <p>BB advised the Quality Committee has been sighted on the development of the Quality Account.</p> <p>The Board of Directors were APPROVED the Quality Account</p>		
17/773	NHS RESOLUTION (NHSR) MATERNITY INCENTIVE SCHEME		
2 mins	<p>JH presented the report, advising this is an update on the NHSR scheme. There are ten safety standards and the scheme was paused during Covid but has now restarted. The Trust needs to submit its compliance against the standards by May 2021. There are three new areas which specifically relate to access to transitional care, changes to parental access and redeployment of staff. The team has looked at the new requirements and the Trust should meet them all, but there is a need to see what happens over Winter. There are no plans to do anything differently with those groups of staff or visiting.</p>		

	<p>JH advised she is confident in compliance for this year but has asked for a peer review of compliance given the learning from other units last year. The plan is to do this work with NUH. For Year 4, some of the standards will require investment.</p> <p>The Board of Directors were ASSURED by the report</p>		
17/774	USE OF THE TRUST SEAL		
1 mins	<p>SH presented the report, advising the Trust Seal was affixed to a document on 29th October 2020.</p> <p>The Board of Directors APPROVED the Use of the Trust Seal</p>		
17/775	ASSURANCE FROM SUB COMMITTEES		
9 mins	<p>People, Culture and Improvement Committee</p> <p>MG presented the report, advising the report can be taken as read as the main issues have already been covered through various discussions earlier in the meeting.</p> <p>Charitable Funds Committee</p> <p>TR presented the report, advising the Committee approved a deed of covenant for the Volunteer Café to ensure the right mechanisms are in place so donations can be made to Sherwood Forest Hospitals Charity. The Committee also approved minor amendments to the fund manager's information pack.</p> <p>The Committee evaluated some of the projects which have been funded through Dragons' Den.</p> <p>The Trust received £70k in May 2020 from NHS Charities Together. There are strict criteria on how this can be spent. The Trust has identified a number of projects to support staff in line with the criteria. For the purposes of transparency, it has been agreed there will be a specific item relating to NHS Charities Together in next year's annual report and accounts. There are opportunities to bid for further monies in future months and the Community Involvement Team will ensure bids are submitted on behalf of the Trust in a timely manner.</p> <p>The Committee received an update on the end of life project, which has been approved in principle. The Committee are happy for some funds to be allocated straightaway through a legacy but is waiting for the business plan to be finalised.</p> <p>There is a minor concern regarding the investment policy and where funds are invested through a third party. The Committee decided not to make any changes until the Corporate Trustees have received a briefing from the third party investors.</p> <p>The Annual Report and Accounts for 2019/2020 were not available at the Committee meeting but have been reviewed and approved virtually. These will be presented to the Corporate Trustee for final approval on 3rd December 2020.</p>		

	<p>Action</p> <ul style="list-style-type: none"> • Corporate Trustees to receive briefing from third party investors regarding investment policy for the charity • Corporate Trustees to receive charity’s annual accounts for approval <p>JM felt staff should be informed of projects funded through the Dragons Den and also what the £70k allocation funded. RS advised there are plans to do this. TR felt the public briefings could include an example of what the Trust has done with money donated.</p> <p>RM queried if the money available is being invested in line with colleagues wishes. TR advised he was confident this is happening as long as the guidelines set out in the fund manager’s pack are followed. There is a need to improve the educating, mentoring and development of fund managers. Where there are examples of good practice, it may be useful to do a brief video of a case study to help staff gain an understanding of the process.</p> <p>SH advised while there is a process in place for spending funds in line with colleagues’ wishes, it is more important to spend in line with the donor’s wishes if they specify this. Rachael Briggs, Divisional General Manager for Medicine, is now on the Committee and she will liaise with the divisional aspects.</p> <p>The Board of Directors were ASSURED by the reports</p>	<p>SH</p> <p>SH</p>	<p>03/12/20</p> <p>03/12/20</p>
<p>17/776</p>	<p>OUTSTANDING SERVICE – WARD 52</p>		
<p>7 mins</p>	<p>A short video was played highlighting the work of Ward 52, particularly the MDT leadership initiative to support reducing length of stay on a care of the elderly unit.</p> <p>RM expressed thanks to Anne-Louise Schokker, Consultant Geriatrician, and the team on Ward 52 for an insightful video about the service they provide. Anne-Louise will shortly be leaving the Trust to join United Lincolnshire Hospitals as Deputy Medical Director. RM thanked her for the fantastic care and leadership she has shown during her time at SFHFT.</p> <p>RS advised the project featured in the video has been shortlisted for an HSJ Patient Safety award.</p>		

17/777	COMMUNICATIONS TO WIDER ORGANISATION		
1 mins	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Covid • Workforce – including nursing report and staff health and wellbeing • Patient story • Outstanding service video • Performance • EU Exit 		
17/778	ANY OTHER BUSINESS		
1 min	No other business was raised		
17/779	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 3rd December 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 12:00</p>		
17/780	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald</p> <p>Chair Date</p>		

17/781	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
5 min	<p>Roz Norman (RN), Staff Governor, noted the discussions in relation to the risks to further restoration of services and diagnostic capacity. RN advised she was aware the Trust will be carrying out swab testing for staff and expressed concern of the impact this will have on the pathology department, advising she is aware the Civic Centre in Mansfield will be drive-through centre for public testing from 11th November 2020. RN queried if the Trust will be processing those tests and, if so, does the Trust have sufficient capacity.</p> <p>CT advised the drive-through swab testing for the public is picked up under Pillar 2 testing, i.e. testing facilities which are outside those of acute hospitals. Other laboratories have been set up for this so there will be no impact on the Trust.</p> <p>DS noted the introduction of asymptomatic staff testing and SFHFT have been providing support to NUH and assisting local universities. This has led to an increase in demand on pathology staff. A larger and better machine to increase capability will shortly be brought on stream. It is recognised how hard staff are working and the Trust is actively seeking to recruit additional staff.</p> <p>RN noted while the pathology team work in background, they do phenomenal work. JM acknowledged it is easy to forget about staff groups who are in the background and queried if there is anything further which can be done to ensure the team are being communicating with.</p> <p>SB advised week commencing 2nd November 2020 is national pathology week and he is keen to celebrate services patients do not necessarily see but which are essential to the hospital. SB advised he visits the team on a quarterly basis and wrote to them recently to thank them for their work. RM advised he visited the team week commencing 26th October 2020 and feels they are supported.</p>		
17/782	BOARD OF DIRECTOR'S RESOLUTION		
1 min	<p>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting</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>		