

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 3rd December 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	
Lorna Branton	Director of Communications	LB	
In Attendance:	Sue Bradshaw	Minutes	
	Janusz Jankowski	Guardian of Safe Working	JJ
	Alison Pearson	Assistant HR Business Partner & Acting Chair of the WAND staff network	AP
	Mark Stone	Emergency Planning & Business Continuity Officer	MS
	Nigel Marshall	Project Advisor to the Medical Director	NM
Observer:	Robin Smith	Head of Communications	
	Becky Cassidy	Interim Trust Secretary, Nottinghamshire Healthcare	
	Philip Marsh	Public Governor	
	Sue Holmes	Public Governor	
	Kevin Stewart	Public Governor	
	Ann Mackie Sian Bruce	Public 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
17/794	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, four 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>		
17/795	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>LB declared her position as Director of Communications for the Mid Nottinghamshire ICP.</p> <p>GW declared his position as Non-Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.</p> <p>There were no declarations of interest pertaining to any items on the agenda</p>		
17/796	APOLOGIES FOR ABSENCE		
1 min	There were no apologies for absence.		

17/797	MINUTES OF THE PREVIOUS MEETING		
1 min	<p>Following a review of the minutes of the Board of Directors meeting held on 5th November 2020, the following amendment was identified:</p> <ul style="list-style-type: none"> Item 17/769 – sub heading of Timely Care, eighth paragraph should read: “NG queried if there was any capacity which could be utilised to start to make an impact on 62 day waiters and improve the Trust’s performance compared to other organisations”. <p>The Board of Directors APPROVED the minutes as a true and accurate record, subject to this amendment being made.</p>		
17/798	MATTERS ARISING/ACTION LOG		
1 min	<p>The Board of Directors AGREED that actions 17/708.1, 17/737, 17/765, 17/766, 17/769.1, 17/769.2, 17/769.4, 17/769.5, 17/775.1 and 17/775.2 were complete and could be removed from the action tracker.</p>		
17/799	CHAIR’S REPORT		
2 min	<p>JM presented the report, advising the annual Staff Excellence Awards were held virtually on 6th November 2020 and it was a good evening. JM welcomed the opportunity to acknowledge the work which has been undertaken in very difficult times.</p> <p>A campaign was launched during National Anti-Bullying Week to tackle violence and aggression and bullying and harassment.</p> <p>The Trust has been nominated for a number of awards, including Health Service Journal (HSJ) Trust of the Year for the second consecutive year.</p> <p>A national paper has recently been issued regarding the future direction for Integrated Care Systems. This important paper sets out the fundamental changes for how the NHS will operate and the framework within which the system will work.</p> <p>The Board of Directors were ASSURED by the report.</p>		
17/800	CHIEF EXECUTIVE’S REPORT		
14 mins	<p>MS joined the meeting</p> <p>RM presented the report and advised the last month has been very busy and complex, noting the complexity of Covid and the Trust trying to play a meaningful role in the system adds up to a lot of challenge.</p> <p>Currently the Trust is caring for 69 patients with Covid, 8 of whom are on ITU. The highest number of Covid patients so far was 101. While this number has reduced, the organisation remains busy. The Trust can feel proud of what the organisation is achieving and RM advised he was very grateful for how well colleagues in the organisation are coping and working in collaboration with partner organisations. However, it is clear colleagues are under pressure.</p>		

RM asked JH to provide an update in relation to asymptomatic testing.

JH advised the Trust is in the third week of asymptomatic testing of patient facing staff. To date 1,217 staff have been tested and there have been 13 positive tests. The aim is to test 4,000 staff week commencing 7th December 2020. The Trust will be moving to the lateral flow test from 14th December 2020 for all patient facing staff.

RM asked CT to provide an update in relation to the Covid vaccination programme.

CT advised the first Covid vaccine has been approved and distribution into the UK is being mobilised. As a Nottinghamshire system we have been planning for the arrival of a vaccine since October 2020 and SFHFT has been part of the planning and preparedness process. There is a workforce model and staffing capacity in place across Nottinghamshire to support the delivery and mobilisation of the vaccine. SFHFT has been playing a lead employer role on behalf of Nottinghamshire and has been recruiting vaccinators. Together with colleagues at Nottinghamshire Healthcare, the Trust has been supporting the training for those individuals. SFHFT will be playing an integral part in deploying the vaccine. Confirmation has not been received in relation to when the vaccine will arrive in Nottinghamshire or the number of doses. It is a fast developing picture and more information will be shared once plans become more definite for the Trust and the system.

RM advised colleagues are under pressure and this is manifesting itself in a number of different ways. RM advised he recently wrote an article for the HSJ in relation to the concern for colleagues, identifying four groups of colleagues the Trust is worried about. These groups are clinical colleagues working in places such as ITU, respiratory wards, etc. who have been wearing full PPE for 8 months and are reporting long term impacts on their physical and mental health, low paid colleagues such as domestics and housekeepers who may feel overlooked during the Covid response, people who have been working from home 5 days per week for 8 months and are reporting a sense of isolation, anxiety and feeling left out and finally everyone else. It is important to recognise not everyone has had the same experience. The Trust's welfare and wellbeing offer compares well and this is being re-focussed to ensure the basics are consistently in place.

LB advised RM has met with porters, domestics, housekeepers, etc. to understand their concerns and the things which were making them feel they were not fully part of the team. Following this, a letter has been sent to staff in that group to explain steps are being taken to change their experience. There are some operational changes being made but the Trust is also trying to ensure those colleagues are properly represented across the organisation, for example, colleague posters include staff from this group and the Trust is backing the national campaign, 'Not all heroes wear capes'.

	<p>East Midlands Today were filming on site on 2nd December 2020 and there will be a live broadcast from outside King's Mill Hospital on 3rd December 2020. As part of this some domestic colleagues were interviewed. The Trust will be working with this group of staff to ensure their voice is heard and encourage feedback to ensure things improve for them. RM advised the culture in SFHFT has improved dramatically over the past 4-5 years, but there is more work to do to ensure all staff feel included.</p> <p>On 25th November 2020 the fourth public broadcast was held regarding Covid and Winter. Representatives from the Trust were joined by Jane Laughton, CEO of Healthwatch Nottingham and Nottinghamshire. These monthly briefings will continue. December is Disability History Month and the ICS will be holding a virtual event, which the Trust is fully supporting.</p> <p>A meaningful national document has been issued regarding the future direction for Integrated Care Systems, outlining some changes in relation to their function going forward. Individuals and organisations are being given the opportunity to respond. RM advised he will write a report about the implications for SFHFT and how the Trust can seize the opportunity and influence some of the local thinking. This will be circulated to Board colleagues and a report will be presented to the Board of Directors in January 2021 before the Trust formally submits its views.</p> <p>Action</p> <ul style="list-style-type: none"> • Report regarding the Trust's response to the national paper on the future direction for Integrated Care Systems to be presented to the Board of Directors in January 2021 <p>MG welcomed the reference to different staff groups.</p> <p>TR felt there is a need to be mindful of credibility and reputation as a lot of domestics, porters, etc. interact with patients who are more likely to get into a dialogue with them in a different way than they would with nursing and clinical staff. In relation to the Covid vaccination, there needs to be a clear and concise communications strategy so patients and the community understand exactly what is happening and where and when they can get the vaccination. LB advised the Trust is following national guidance but does have a comprehensive communications plan in place which can be quickly rolled out when more information is able to be shared. The Trust is mindful of the responsibility to ensure members of the community who are eligible to receive the vaccine are aware of it and how to access it.</p> <p>JM sought clarification if Medirest staff are being included in discussions with portering teams, etc. RM advised across that group of staff some will report into Medirest and some into SFHFT. A senior Medirest manager has been included in the meetings. Irrespective of reporting lines, everyone is part of the team at SFHFT.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>RM</p>	<p>07/01/21</p>
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<p>6 mins</p>	<p>EU Exit</p> <p>RM presented the report, advising the EU Exit Working Group now meets weekly. No significant risks or concerns have been identified. There are a lot of the issues which are beyond the control of the organisation and it is a fast moving picture.</p> <p>In terms of what the Trust can control and influence, the subject matter experts are effectively managing this. RM outlined four scenarios which may present themselves in January 2021.</p> <p>CW noted alongside EU Exit there are changes to immigration and queried if this is having any impact on the ongoing overseas recruitment. CT advised there has been no impact to date and nothing is foreseeable. Current EU staff are being supported in terms of visas, residency, etc. The only issue affecting the overseas recruitment which is in train is Covid restrictions and people getting visas, rather than wider immigration changes.</p> <p>GW noted there is a need to recognise the Trust's reliance on centre and their actions. SFHFT is in as good a position as possible in terms of preparedness. Regardless of whether the UK has a deal or not, it will have an impact, particularly on the movement of goods and there will be delays at borders.</p> <p>JM queried if the Trust has contingency plans in place for the areas it cannot control. RM advised there will be some things the Trust can respond to and others, where there may be a national shortage, which will be beyond the Trust's control. As an organisation the Trust is doing a scenario planning exercise and it has been suggested to do the same as a system.</p> <p>Action</p> <ul style="list-style-type: none"> • Update re: risks, impact and actions being taken in relation to EU Exit to be provided to the Board of Directors in January 2021 <p>The Board of Directors were ASSURED by the report</p> <p>MS left the meeting</p>	<p>RM</p>	<p>07/01/21</p>
<p>17/801</p>	<p>STRATEGIC PRIORITY 2 – TO PROMOTE AND SUPPORT HEALTH AND WELLBEING</p>		
<p>27 mins</p>	<p>Guardian of Safe Working</p> <p>JJ joined the meeting</p> <p>JJ presented the report, advising the Trust has some fantastic junior staff. SFHFT is attracting people who are highly qualified, motivated and diligent in staying late. The increase in reporting of staff staying late is not due to staff being inefficient, but is due to them wanting to get the work done properly.</p>		

For the period 9th September 2020 to 20th November 2020 there were 88 exception reports, compared to 54 for the same period last year and 12 in the period from 1st June 2020 to 11th August 2020. Generally during Covid a lot of the doctors took their professional responsibility seriously and felt it inappropriate to exception report and claim the extra hours. The Trust has tried to dissuade them from taking this approach but there was a low level of reporting in the previous quarter.

There have been delays in supervisors responding to exception reports. JJ advised previously he has intervened if the response was over 14 days. However, it is inappropriate to continue this as it is the job of the educational and clinical supervisors. JJ advised he has desisted from intervening over the past quarter but acknowledged the length of time some junior doctors have waited for a response is inappropriate. This is a minority of doctors and action has been taken to remove them as clinical and educational supervisors.

There have been no work schedule reviews in the last quarter but there may be some in the next quarter. The proposed process for dealing with work schedule reviews is included in the report.

There have been three incidents when doctors have missed the formal training they require to progress to the next stage of their career but this has been mitigated. Training courses have opened up and the expectation is doctors should attend unless there are exceptional circumstances. The Trust is starting to struggle to let juniors take time away for training due to the number of junior staff who are covering. This is being managed but it may increase over the next quarter.

There have been five instances where juniors have felt they have not had adequate middle staff or consultant support to deal with complex patients who transfer from acute to non-acute areas. This relates to medical handover and DS is monitoring this process.

JJ acknowledged the HR team are very good at increasing locum cover when they can.

JJ advised there is increased activity from Covid, increased activity in dealing with waiting lists and chronic patients and increased pressure on junior staff. However, staff morale remains good. Demand on the system is likely to increase and the report includes details of the actions being taken to mitigate those risks.

MG sought clarification regarding the risks and consequences in relation to work schedule reviews. JJ advised if work schedule reviews are not completed when necessary, the risk is the Trust could be in legal dispute with the trade unions. If they are not completed properly, the Trust will be seen to be unfair to members of staff. Work schedule reviews need to be set up properly, have validation techniques and be correctly reviewed. There needs to be a holistic approach.

NG sought clarification regarding the extent of the training which has been missed and how soon this can be corrected.

	<p>JJ advised the Director of Medical Education and DS have looked at the three cases and the doctors involved have now had their training slots booked in. The Trust is doing well compared to GP trainees in the community. However, it is likely training pressures will increase but the Director of Medical Education and DS are actively dealing with each case as it arises.</p> <p>BB queried what the issues are which are leading to delayed responses to exception reports from educational supervisors. JJ advised this mostly relates to work pressure. There is one speciality where there is a particular issue and the supervisor has not responded. This individual has now been removed as an educational supervisor. Some of the older consultants forget the pressures of being a junior. There is a need to train the educational supervisors.</p> <p>BB noted there are 10-15 posts unfilled by doctors in training and queried how this gap can be closed. JJ advised the clinical quality delivered by the Trust is fantastic. The universities the Trust is in partnership with view SFHFT as comparatively less important than other organisations they work with. The ability to do research attachments remotely is becoming the norm. With this in mind the Trust could approach the top universities in the country and suggest partly funding academic clinical fellows to work at the Trust. This would attract some of the best people in the country. The Trust needs to be more confident in approaching bigger universities rather than hoping local academic universities will think more highly of us.</p> <p>BB queried if this option is being explored. JJ advised this has been considered by DS and the Director of Medical Education. This is the way Oxford fund circa 60% of posts.</p> <p>TR queried if the recommendations in the report will be followed up and how do the Board of Directors gain assurance on the impact of the recommendations and solutions going forward. DS advised a number of the recommendations could be termed 'business as usual', for example, workplace schedules and reviewing those. This is a key priority and feeds into the People Plan. Training is monitored and triangulated with GMC information and intelligence from Junior Doctor forums. The curtailment of the elective surgical programme had a significant impact on surgical trainees during the first wave of Covid. The Trust has requested for trainee surgeons to be allowed to accompany Trust patients into the independent sector. The ability to deliver training is different, with more being completed online. In terms of assurance, this will be seeing the measures in this report improve.</p> <p>JM requested information regarding the follow up on recommendations to be included in the next report.</p> <p>Action</p> <ul style="list-style-type: none"> • Update on recommendations to be included in future Guardian of Safe Working reports 	<p>DS</p>	<p>04/03/21</p>
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	<p>CW noted there are fantastic opportunities for junior doctors and there is great ambition within the Trust and queried how the enthusiasm junior doctors have for working for the Trust can be spread so there is a pipeline for the future. JJ advised the CQC report is a major accolade, particularly the Outstanding rating for King's Mill Hospital. In terms of communication the starting point is the quality benchmark and examples of things SFHFT is delivering which other organisations are not. Other areas to focus on are the culture of the organisation, equality of specialist services the Trust is able to deliver and sustainability of the working environment. The Trust has good junior staff. Success stories of carer progression pathways could be used. SFHFT is a small trust but it is quality driven.</p> <p>DS advised he is committed to making SFHFT a beacon for trainees. Trainees rotate across the region. There is a need to show an interest in trainees as this will reap rewards. The Trust has been proactive in developing leadership roles and has been involved in trying to assess the impact of the Health Education England future doctor programme. Across the region there is a charter which trainees from SFHFT led on and the Trust is signing up to that. DS advised the fellows programme has been delayed by approximately 2½ months due to travel restrictions. This has had an impact on gaps and workload.</p> <p>JM welcomed the report, noting the clear recommendations. Junior doctors are sometimes overlooked by the Trust in terms of recognition as they are categorised with doctors. JM queried if there is anything which can be done to recognise they are an important part of the Trust. RM advised ways of recognising the junior doctors will be considered and thanked JJ for his enthusiasm and work in relation to junior doctors. DS advised the Trust held its inaugural junior doctors awards last year and this was well received. It is hoped this can be built on.</p> <p>The Board of Directors were ASSURED by the report</p> <p>JJ left the meeting</p>		
17/802	STRATEGIC PRIORITY 5 – TO ACHIEVE BETTER VALUE		
13 mins	<p>ICP Strategic Objectives update – Q2</p> <p>RM presented the report, advising the report has previously been presented to the ICP Board and it identifies the breadth of work which is being done beyond Covid. The ICP has to be a mechanism for adding value beyond the role of any one individual organisation. The ICP Board did a deep dive into the objective of tackling physical inactivity, by developing our understanding of barriers and motivations. There is more work to do but progress is being made.</p> <p>NG sought clarification on how the success in achieving objectives will be measured. RM advised the aim is to try not to make delivery through the ICP too numerical or specific. The ICP is a mechanism of building up trust and relationships across the system, with delivery of objectives being secondary. The aim is to get leaders from partner organisations together to ensure there is a common understanding of what is being done and to build on trust and relationship.</p>		

Moving into next year there will be a developed mechanism to enable decisions to be taken. RM advised he will seek the views of the ICP executive. The SOF governance has to be specific but the ICP wants to move away from that. NG felt while there is lots of activity and the objectives are noble, but there needs to be a purpose and something will be achieved. NG felt some measures are required.

MG queried if having more sight of what partners are doing leads to greater conversation in certain areas and how that insight is leading to discussions on what more can be done verses sharing information on what each partner is doing. RM advised there is a need to be realistic that the ICP is occupying a very narrow space between individual organisations, CCG and ICS. There is a need to carve out an opportunity to evidence delivery and there is no blueprint for this. Chris Packham, ICS, is leading some work in relation to clear outcomes focussed work. RM advised he will have a discussion with Chris Packham to ensure the ICP work ties into his work.

JM advised from the national Integrated Care paper it is clear the work of what is being called 'Places' (ICP) there are strong objectives linking back into the strategies of local authorities in terms of inequalities and the wider impact of other determinants of health. There is a need to be clear as the way the system work changes, the 'Places' are going to be critical in delivering the NHS plan. The new way of working outlined in the national paper will force the issues onto the agenda. Looking at the ICP objectives, there are measures the local authorities use. The question is what contribution does the NHS make to that and how do organisations work together. It is important to let some of the relationships develop.

RM advised whether it is 'Place', ICP or ICS, fundamentally the challenge faced is it is difficult to reach a decision on anything. The national paper will give systems a form of legal entity which will come with greater governance and accountability. This gives a clear mechanism to deliver value above and beyond individual organisations. To show the true worth of the ICP and the time being invested, there is a need to carefully consider how some of the outputs are explained.

LB advised some of the objectives will take a long time as they relate to changes in behaviour; how communities feel about the services they receive will come first. LB felt it would be worthwhile for the ICP to undertake some baseline research to establish the current position so this can be tracked into the future. RM advised Healthwatch have a good understanding of communities' views so the ICP could link into that.

JM felt it would be useful to link in with some of the local authorities' work as they are close to the communities. 'Places' has been given a significant increase in expectations and will be the fundamental building block of how the NHS will move forward. Therefore, there is a need to ensure they are effective. As a Board of Directors there is a need to identify the implications for the Trust and if change is required.

The Board of Directors were ASSURED by the report

17/803	STAFF STORY – DISABILITY DAY - THE MAGIC OF WAND		
21 mins	<p>AP joined the meeting</p> <p>AP presented the Staff Story which highlighted the work of the Disability Staff Network (WAND – We’re Able aNd Disabled)</p> <p>TR advised one word which stood out for him was stigma, noting he has never experienced this in the Trust but it is an everyday occurrence outside the Trust and it needs to be stamped out.</p> <p>GW felt AP’s poem was very moving and could be used to push the message as it emphasises all the things which are being worked towards and the reasons.</p> <p>MG thanked AP for her leadership and advised as Chair of the People, Culture and Improvement Committee she would welcome further discussion with AP. CT also thanked AP for her leadership, noting AP is leading on a lot of work across the system.</p> <p>AP advised she has worked in other organisations where she would not have dared to admit she was having a bad day, but from joining SFHFT she knew it was a very different organisation to work for. AP advised she hopes she can continue to expand the network.</p> <p>JM felt the Board of Directors need to be aware of the different ‘days’ and events in order they can be acknowledged.</p> <p>Action</p> <ul style="list-style-type: none"> • List of different national ‘days’ to be collated and circulated to members of the Board of Directors and/or reminders sent shortly before with information about any events the Trust is planning <p>AP left the meeting</p>	SH	07/01/21
17/804	SINGLE OVERSIGHT FRAMEWORK MONTHLY PERFORMANCE REPORT		
55 mins	<p>PEOPLE AND CULTURE</p> <p>EC advised the current offer across health, wellbeing and welfare has been reviewed and refined to ensure the latest best practice offers are in place to support colleagues. The offer has been updated and is available and the Trust will be actively engaging with colleagues. Support has been provided in the key critical areas which have been identified, such as critical care, respiratory and ED. This is via road shows, attending team meetings etc. and ensuring wellbeing and engagement boards are available. The Trust has been targeting support in relation to the ‘Rest and Recuperate’ initiative which is aimed at supporting colleagues to take their breaks. This will remain a key focus over Winter.</p>		

As part of refining the offer, the Trust has been reviewing the current 'champion' roles in the organisation, such as Time to Change, Health Heroes, etc. In line with the national People Plan, the Trust has been redefining the 'champions' role and ensuring adequate training and support is in place for colleagues to enable them to fulfil that role.

During anti-bullying week, which was week commencing 16th November 2020, a bullying and harassment and violence and aggression campaign was launched as a mid-Nottinghamshire partnership. This is an external and internal facing campaign. The key message externally is colleagues are here to help and not be harmed and the internal message is standing together against bullying and harassment and violence and aggression between colleagues. The Trust will be actively continuing that campaign over the next 12 months.

The Trust will be taking the lead in working with partners across the ICP in relation to a wellbeing fair during week commencing 7th December 2020. Online and face to face sessions will be run throughout the week and internal resources will be made available. There are four themes, these being self-care, family and community, maintaining values and behaviours and helping others.

The staff survey closed on 27th November 2020 and the Trust achieved a 58% response rate, although this may change slightly due to paper surveys being submitted. This is a lower response rate than last year, when the Trust achieved 66%. However, the response rates across the NHS are lower this year. The full report will be available late December to early January and a report will be provided to the People, Culture and Improvement Committee as soon as information is available.

CT advised there is a continued rise in sickness absence, affecting overall workforce capacity. This is particularly compounded for Covid reasons, although this is starting to ease slightly. There is an increase in people with mental ill health and distress, particularly the psychological aspects of people's wellbeing. The Trust has put additional clinical psychology support in place to support individuals and teams.

Demands on occupational health continue to be high, which is mainly due to Covid and the flu vaccination programme. 83.6% of front line staff have received their flu vaccination, including over 88% of doctors and 79% nurses. The Trust has seen a steady increase in the uptake of the flu vaccination over the last 4 years.

There has been a dip in appraisal uptake but this was a planned approach as it is an activity which has not been prioritised given other current priorities. It is hoped this will be brought back on track by the end of the financial year.

MG queried what the sickness absence rate would be if Covid related absence was taken out. CT advised it is roughly a 50/50 split of Covid and non-Covid related absence with 228 staff absent for non-Covid related reasons and 239 with Covid. Absence for Covid related reasons has been proportionately higher over the last few months but this is easing.

MG advised she had heard of a nurse in Leicester referring to the fact some people were not taking up the flu vaccination as they were waiting for the Covid vaccine and queried if this is a general view. CT advised she had not heard this comment being referred to and given the significant early uptake of the flu vaccine, this is not something which is playing out at SFHFT.

GW acknowledged the flu vaccination performance is really good, particularly given there was a period when no vaccine was available. GW queried if there is an extra challenge to increase the rate for next year. CT advised the CQUIN target for flu vaccination was raised to 90% for this year. The programme runs until February 2021 in terms of the target.

BB acknowledged the work which has gone into supporting staff, noting it will be interesting to hear through the staff survey or other routes how staff have felt supported. In terms of the flu vaccination, BB queried what the implications are if the CQUIN target is not met. CT advised she felt the target was an ambition and doubted it could be met. However, the Trust has been encouraged by the response but it will be a stretch to achieve the target. However, it is significant in showing a change in behaviour and attitudes over time but there remains a few behaviours which are difficult to change.

PR advised there is usually a financial impact for not meeting CQUIN targets but this is suspended for 2020/2021 due to the Covid financial regime. Therefore, there will be no financial penalty for non-achievement of CQUIN targets.

JM advised he was pleased to see the increase in uptake of the flu vaccination by front line staff.

CW queried given staff will be affected by the need to isolate due to children at school or family isolation as opposed to being infected themselves, if the Trust is able to get those staff back to work quicker by utilising the testing regime. Given the concerns about mental health and wellbeing of staff, CW queried if there are things the Trust can utilise to support staff such as is available across the private sector where companies are encouraging staff to have access to virtual platforms for support for mental health and wellbeing.

JH advised in terms of self-isolation, the Trust is unable to utilise testing and has to follow the national guidance whereby people have to isolate for 14 days. There has been a change in relation to entry to the UK and people are able to take a test to reduce isolation time. CT advised, in terms of lateral flow tests, intelligence from pilot organisations suggests this is helping to get people back to work quicker when they are showing symptoms. Rather than having to wait for the results of a swab test, the lateral flow test is a 30 minute home test. This will hopefully have a positive impact, given it is cough and cold season.

EC advised in terms of access to online or other platforms, part of the offer available to staff is to signpost and advise on what the Trust offers working in partnership with Nottinghamshire Healthcare and the employee assistance programme providers. The Trust can also signpost to national offers which are available through NHSE/I and confidential and secure online platforms. The support which is available nationally will be the topic for a session at the forthcoming wellbeing fair.

JM noted the Trust is encouraging people to seek support but the occupational health intervention take-up is showing red. JM felt it is good staff are seeking support. CT advised there are parameters in relation to what is shown as occupational health activity and the Trust is showing over activity. While this is not necessarily a bad thing, there is an impact on the service and, therefore, a need to demonstrate the level of over activity.

RM advised in terms of welfare and wellbeing, the Trust will be writing to everyone in the organisation, including Medirest and Skanska colleagues, explaining what the offer is. In terms of flu vaccination, the biggest opportunity to vaccinate is at the start of the process and it is unlikely a big change will be seen now. Regarding the staff survey response, the Trust is confident everyone who wanted to respond has responded. It felt inappropriate to put too much pressure on people given the current situation. It will be interesting to see how SFHFT compares to other organisations.

NG noted a few months ago there were significant waiting times for people to access occupational health interventions and queried what the current waiting times are and has this been impacted by Covid. CT advised waiting times have reduced and additional resource has been put in place to support the activity in order to achieve a greater turnaround. Some of the waits related to the onward referral to counselling services, for example. The offer has been reviewed and a different counselling provision is now in place, which has reduced the waiting time for people to access that service. Physio rapid access is currently impacted due to availability of staff, but there is a plan to put in additional resource in the New Year to address this.

QUALITY CARE

JH advised Clostridium difficile (Cdiff) is flagging red but there were five cases in October, which is the same number of cases as September. The increasing picture being seen in the Trust is consistent with what is happening in other organisations. Reassuringly the Trust's absolute number of cases in the current financial year is one less than last year. The infection control team continue to complete the Root Cause Analysis (RCA) in a timely manner and ensure learning is taken from those.

There have been two hospital acquired Covid infections and this is consistent with the picture across Nottinghamshire, where there is an increasing number of hospital outbreaks. The Outbreak Management Group is functioning well and is chaired by DS or JH. The Trust has a responsive infection control team and benchmarks well with others in terms of hospital acquired Covid rates.

Venous Thromboembolism (VTE) is relatively new exception and relates back to the first wave of Covid. The individual who was on the wards prompting people to complete the assessment has not been able to undertake that role. However, this has now resumed and it is expected performance will return to previous levels.

The Trust continues to underperform in relation to dementia. Nervecentre was been rolled out in the Urgent and Emergency Care Division but this does not include the dementia module. This has been paused due to the additional work the Trust is expecting NHIS to do in relation to the Covid vaccination and asymptomatic testing programmes. The IT infrastructure needs to be in place for dementia performance to improve.

DS advised the Hospital Standardised Mortality Ratio (HSMR) has reduced but investigative work continues.

The clostridium difficile (Cdiff) rate has seen a slight reduction over the past few months and the position is similar to last year. This continues to be an area of focus for the infection control team.

In terms of Covid, there are regular meetings where the Trust is subject to external scrutiny which acknowledges the Trust knows what it is doing about outbreaks and there are no concerns.

BB noted there were seven outbreaks of Covid in the first wave and queried what the Trust had learnt from this. Infection rates have continued upwards during November, but these are not yet included in the SOF. BB queried if the number of outbreaks is likely to increase in November and does SFHFT continue to benchmark against other similar sized trusts.

DS advised it is likely the number of outbreaks will increase for November and this reflects the number of patients being admitted. What is different now to the first wave is the volume of testing being carried out. Initially the Trust was only testing patients who were symptomatic. The current outbreaks are usually among asymptomatic patients or staff and the definition of an outbreak was only confirmed towards the end of the first wave. The Trust continues to benchmark with system partners and performance is tracked regionally.

JM felt this needs to remain a focus for the Quality Committee with any issues identified being flagged up to the Board of Directors.

TIMELY CARE

SB advised ED performance remains strong with the ED 4 hour wait at 95.2% for October, ranking SFHFT fourth in the NHS. The Trust ranked second in the EMAS area in terms of ambulance handover times. Winter plan capacity has been opened according to plan, but it was acknowledged some capacity was opened earlier than planned. NHS111 booked appointments for ED have started in line with the national programme. It is still early days so the impact of this cannot yet be assessed. The ED capital scheme has started and it is likely this will come on stream in phases through Winter.

SB acknowledged the work of ED and the Trust to offer mutual aid over the past few months to both NUH and United Lincolnshire Hospitals. SFHFT has taken ambulance deflects for long periods of time for both of those trusts and colleagues have been very supportive.

GW expressed thanks to staff in ED and acknowledged the excellent performance.

JM queried what impact providing mutual aid has had on the Trust's ability to carry on delivering and recovering services. SB advised there has been no impact on recovery. The impact is variable in terms of ambulance arrivals but there has been no impact on elective care. Mutual aid in terms of critical care has had more of an impact.

RM sought clarification how colleagues are responding to the Trust fairly frequently taking diverts from other providers. SB advised it is difficult as people are busy with the mid-Nottinghamshire workload but the context of why diverts are happening has been explained to colleagues. It was acknowledged the frequency of diverts can become worrying for colleagues. SB advised he had not heard much negativity but noted it is challenging.

JM advised this issue has been discussed by the Recovery Committee. It is a careful balance. SFHFT is part of the system and there is an obligation to work together across the NHS, but the Trust also has an obligation to the people of mid-Nottinghamshire. There is a need to ensure the organisation is getting the decisions right in relation to this.

RM advised the Royal College of Emergency Medicine has written out to chief executives stating dangerous overcrowding has returned to A&Es. This is 'sowing the seed' about what may be happening nationally in specific hotspots in January and February. SFHFT is clear its emergency pathway is safe and the Trust does not have an ED which, for the majority of the time, has high occupancy. There is an expectation on the organisation to accept diverts and play the system role and while understanding the wider context, it is important to ensure this is not normalised for the rest of Winter.

JM acknowledged SFHFT has to play a wider role but does not want to be put in a position where the Trust's services become unsafe. It would be useful to have a framework in which decisions are taken. SB advised when the Trust has accepted ambulance diverts, the situation in other organisations has been so extreme it was the right thing to do.

RM advised there is an expectation the Trust needs to continue to accept diverts and the fact SFHFT has been able to play a wider system role is recognition of what the team at the Trust has achieved. The domain of safety will run through a range of Trust services where there may be increased activity, not just ED.

DS advised it is a difficult balance. The Executive Team are aware there has been tremendous pressure on Midlands critical care in the last couple of weeks, primarily focussed on NUH and University Hospitals of North Midlands. Exceptional actions have had to be taken to help those areas. This will have had some impact for SFHFT but it was the safe and right thing to do.

	<p>JM advised the Board of Directors needs to re-iterate the commitment to safe care in taking these decisions.</p> <p>SB advised in terms of recovery, colleagues have worked very hard to start to recover elective services. Outpatient firsts is a challenge and there is more work to be done in that area, particularly through the outpatient transformation programme. The focus will be on maximising virtual appointments over the coming year. Levels of activity outlined in the report are likely to be the levels for the remainder of the year. Some areas, particularly diagnostic areas, have returned to 100% activity and ultrasound are diagnosing 99% of patients within 6 weeks.</p> <p>NG advised there was a discussion at the meeting of the Finance Committee on 30th November 2020 about the financial impact of the second wave of Covid. There was some suggestion the targets set for restoration and recovery may be relaxed in the light of the second wave happening 2-3 months earlier than planned. NG queried if the Trust has received any notification of this or if the targets for restoration and recovery still need to be achieved.</p> <p>SB advised the recovery plan was presented to the Recovery Committee and Board of Directors in relation to Phase 3. Most of the plan did not achieve the targets, but came close to this. There has been no notification that the targets will change. A planning letter is expected towards the end of December 2020 which will outline what the future might 'look like'. The general ethos is to do as much activity as possible in a safe manner.</p> <p>PR advised what was explained at the Finance Committee meeting was in relation to the elective incentive scheme, i.e. the penalties for not achieving the recovery targets would be suspended, not the targets themselves. Penalties may not be applied but the Trust will still be expected to achieve the targets.</p> <p>RM felt it is more about expectations than targets. Given everything which is happening currently, any national or regional conversation in relation to how the Trust is performing against the expectations set out in the Phase 3 letter, has not been referenced for a long time.</p> <p>JM advised there was a discussion at a recent meeting of the Recovery Committee about outpatients. This is an area of challenge and further work is ongoing. Going into the new financial year it would be useful to have some idea in relation to what the legacy is in terms of waiting lists and to think through a strategy to address this. The Committee also queried if it is reasonable to continue to keep such a focus on recovery as distinct from other activity, given the interactions of Covid, Winter, etc. The Committee asked the Executive Team to confirm if further scrutiny in this area is required to support the Board of Directors or if the purpose of the Recovery Committee has 'run its course'.</p>		
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SB advised cancer is a risk area for the Trust and is also an area of focus in terms of recovery. There has been an improvement in the percentage of patients treated within 62 days and an improvement in the Trust's rank compared to other organisations. This is expected to increase further for October to 71%. The backlog is starting to be cleared and the Trust is reaching the position it was in prior to Covid. Maintaining this position will be a challenge and this is a system issue. There is a need to revisit the plans in relation to maximising the diagnostic phase.

The new MRI scanner is due in the Spring, but it was acknowledged there are constraints in the cancer pathway in relation to endoscopy and CT. There is a need to revisit the radiology strategy.

The details of average waits are included in the report. The 85th percentile wait is 80 days and the average wait is 60 days. This is a relatively safe turnaround time and clinicians are not flagging up any huge concerns.

BEST VALUE CARE

PR advised this is the report for Month 7, which is the first month of the second financial regime for 2020/2021. The first half of the year was subject to block payments and retrospective top-up, which was expected to be paid in full. PR confirmed the YTD figure at Month 6 was breakeven. For Months 7-12, the Trust will be reporting variances against the Phase 3 plan submission. It is important to note the plan has not yet been approved by NHSE/I and they are working with the Trust and partners across the ICS to understand what is driving the deficit the ICS collectively submitted and to work to improve this.

Against the submission, at Month 7 the Trust is reporting a small adverse variance of £65k and this is the YTD figure as Months 1-6 were breakeven. There has been a Covid surge in October 2020 and, therefore, Covid costs totalled £1.24m, which is £0.5m more than expected and £0.5m more than was spent in September 2020. YTD Covid costs total £12.89m.

In terms of forecast, given the level of uncertainty in relation to the early Covid surge, how long this will last and if there will be a further surge towards the end of the year, it is suggested the forecast does not change from that which was submitted, albeit the Trust is in discussion with NHSE/I in order to attempt to improve that. The Trust has already indicated there could be a slight improvement on reviewing the Month 4 run rates and annual leave accrual.

The cash position remains good and creditor performance remains strong. October's capital spend was slightly above plan by £400k but remains behind plan YTD by £220k. The plan now includes some additional schemes totalling £2.9m, the most notable being the ED expansion of £2m. The Trust expects to deliver the capital plan on target.

	<p>NG advised the Trust remains £12m adverse to strategy in terms of the underlying position, which will give some challenge into next year. With the change in block contracts for Months 7-12 and no more retrospective funding there are financial challenges for the remainder of this year and into next year.</p> <p>RM advised the Trust's accountability is the SFHFT financial position and this is where the primary interest needs to be. However, the national and regional interest is in system finances which are comparatively poor this year. There is huge pressure, which is only going to increase as we move towards the end of the year, in relation to the system improving its position.</p> <p>There are actions partners can collectively take and which individual organisations need to be taking to improve system finances. There is a need to be pragmatic about the realism to get to the position which has been asked and there is a need to ensure everything possible is being done to protect safety. The Trust is doing what it said it would do as an organisation, but this is more difficult when you move beyond organisational boundaries.</p> <p>The Board of Directors CONSIDERED the report.</p>		
<p>17/805</p>	<p>HOSPITAL STANDARDISED MORTALITY RATIO (HSMR)</p>		
<p>12 mins</p>	<p>NM joined the meeting</p> <p>DS presented the report advising it builds on the report which was presented to the Quality Committee. There is still some uncertainty about what the HSMR data is 'telling us' and whether the information is useful.</p> <p>There is a need to understand the Dr Foster data in more granular detail, for example, one category where SFHFT is flagging as an outlier only contains four patients. There is a need to understand if it is of importance. There is also a need to better understand the data the Trust is supplying Dr Foster and some work has been undertaken previously in relation to coding. The Trust has high levels of comorbidities, suggesting that information is being captured. However, in a recent deep dive in relation to the gastrointestinal (GI) bleed cohort of patients, of the 32 patients identified as an outlier with upper GI bleed, on examining the notes it was found only 3 patients had upper GI bleed. Therefore, there are some issues in relation to coding.</p> <p>There is a need to understand the impact of palliative care in greater detail. The Trust asked Dr Foster to re-run the HSMR data, increasing palliative care to median level. This significantly reduces the HSMR but does not explain the change in the Trust's HSMR.</p> <p>There is a need to move away from reliability on HSMR because of the recognised issues and more towards the Learning from Deaths process to help understand as, if and where there are issues with quality of care. The Trust has to have confidence in the clarity and transparency of the processes in place. The Trust has an overarching 360 Assurance of the whole process, suggesting good assurance.</p>		

	<p>The question is if the HSMR change is of real concern to the Board of Directors.</p> <p>BB advised there was a lengthy discussion in relation to HSMR at the meeting of the Quality Committee on 12th November 2020. The Committee gained a lot of assurance and is supportive of the plans being put in place.</p> <p>MG felt there is a need to triangulate the information with other data and to think about processes. MG noted the Quality Committee will keep this under review but queried if there is a potential role for the People, OD and Culture Committee in terms of effective learning, culture and the organisational approach to assurance.</p> <p>MG sought clarification as to what a tiered review is, querying if this is the same as the independent peer review with Queen Elizabeth Hospital, King's Lynn. NM advised this process is not just about focussing on numbers and trying to interpret the data as underneath this is a culture and aspiration with regards to that culture. This is an organisational culture relating to coding, clarity, consistency and quality. There is a need to ensure patients understand the Trust is trying to ensure it is as accurate as possible, reduce duplication, follow clear guidance and understand the merits of the processes.</p> <p>Decisions at the 'front door' make a difference to how the Trust decides to manage patients moving forward and the effectiveness with which it does that. From a medical examiner perspective, there is a lot of duplication and the Trust can look at how decisions 'come to light'. This, in alignment with coding, will help in understanding how it can play into the Dr Foster interpretation of the data. In terms of organisational response, this needs to be approached from a cultural element rather than just a change to facts and figures.</p> <p>DS advised in terms of working with Queen Elizabeth Hospital, King's Lynn, the Trust has been contacted by them in relation to some of their HSMR issues which mirror those of SFHFT. The trusts have agreed to review each other's work to ensure consistency and shared learning.</p> <p>MG queried if this is what is referred to as the 'tiered review'. NM advised the intention of the Medical Examiners Service is to have 100% scrutiny of the death at the time. There is a need to build on this and feed into a process where there is an open and transparent culture around Structured Judgment Reviews (SJRs), being able to identify themes and allowing those to be processed in a tiered response. This will then feed into Learning from Deaths and will be a 'panelled' approach to build on themes.</p> <p>JM felt the Trust is developing a real understanding and acknowledged the external support which has been brought in and the comparative work which is being undertaken. It is important to link into Learning from Deaths, look at outliers and identify any harm. The Quality Committee will undertake the detailed scrutiny but it would be useful for the programme of change to be presented to the Board of Directors when it is developed.</p>		
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	<p>Action</p> <ul style="list-style-type: none"> • Programme of change in relation to HSMR to be presented to Board of Directors once developed <p>The Board of Directors were ASSURED by the report</p> <p>NM left the meeting</p>	DS	TBC
17/806	ASSURANCE FROM SUB COMMITTEES		
11 mins	<p>Audit and Assurance Committee</p> <p>GW presented the report, advising internal audit continue to work through their programme. This is a challenging programme and currently there are 18 pieces of work still to be completed. However, good progress is being made and there is good support across the Trust.</p> <p>The register of interests continues to improve each year but it would be useful to benchmark against other trusts. Work is ongoing with DS, JH and SB to address individuals who seem reluctant to complete the register of interests.</p> <p>In terms of suppliers due diligence, the Committee were satisfied with how this has been developed in relation to procurement. The next stage is in relation to contract management and how the Trust can manage contracts better.</p> <p>There are a large number of non-clinical policies which have exceeded their renewal date and these need to be brought up to date.</p> <p>Finance Committee</p> <p>NG advised the Finance Committee met on 30th November 2020, mainly to look at the plan for the remainder of 2020/2021 and into 2021/2022. The block contract arrangement remains in place but there is no retrospective funding. Therefore, the Trust needs to deliver against the plan for the second half of the year. The plan which was submitted to NHSE/I shows a shortfall to the funding allocation of £9.2m. This is due to the different assumptions the Trust is making compared to NHSE/I. Non-recurrent savings achieved in previous years have not been taken into account as expected due to the underlying deficit. Work is ongoing to address the shortfall. Across the system the expectation is the difference in the planning assumptions will be circa £52m. Regulators may provide additional funding to reduce this gap across the system. Increasingly the focus on finance is at an ICS level and there is a need to understand the governance arrangements to control expenditure.</p> <p>The planning guidance for 2021/2022 has not yet been received but it is expected to be available early in 2021. The block contract arrangements are likely to continue but there may be a need to introduce a new Financial Improvement Plan (FIP). The situation in relation to Covid remains uncertain.</p>		

	<p>The Committee continues to monitor the performance of the Hard and Soft FM providers. The Committee reviewed Principle Risk 4 – Failure to achieve the Trust’s financial strategy. The recommendation was for the risk rating be reduced to 12. However, given the current uncertainty, the Committee felt the rating should remain as 15 until there is more certainty in relation to the financial regime.</p> <p>JM left the meeting. CW assumed the Chair.</p> <p>Quality Committee</p> <p>RM left the meeting</p> <p>BB presented the report, advising the Committee had a good discussion in relation to risk stratification and prioritisation for SFHFT surgical activity as services are restored and given the recovery agenda. The Committee were assured about the rigour being applied.</p> <p>The United Kingdom Accreditation Service (UKAS) have notified SFHFT of a temporary 3 month suspension of the Trust’s haematology laboratory accreditation. The Committee was provided with an update and noted it is likely the suspension will be extended until February 2021. However, work is under way to address the issues.</p> <p>The Joint Advisory Group (JAG) accreditation has not been awarded to the Trust’s endoscopy department. This is due to developed standards in relation to single sex accommodation and the way patients are treated in terms of the physical environment. Estate works are planned but were not executed in time. Plans are underway to have this accreditation reinstated early in 2021.</p> <p>The Committee received assurance about the work which has been put in place and the action plan to address the concerns which were raised in a Regulation 28; preventing future deaths, letter from the Coroner.</p> <p>An update on developing the approach to using Human Factors and Learning from Incidents was received positively by the Committee. It is potentially an area for the Trust to have a significant positive impact on incidents moving forward as it moves from Root Cause Analysis to understanding what is driving behaviours.</p> <p>JM re-joined the meeting and assumed the Chair</p> <p>SB advised the works in endoscopy are well underway and are forecast to be completed by the beginning of January 2021.</p> <p>The Board of Directors were ASSURED by the reports</p>		
<p>17/807</p>	<p>OUTSTANDING SERVICE – FINANCE</p>		
<p>7 mins</p>	<p>A short video was played highlighting the work of the Finance Team who have recently been awarded the HSJ Finance Team of the Year.</p> <p>NG advised the Finance Team do a fantastic job. They are often seen as the back room people trying to draw down on costs but they support front line services.</p>		

17/808	COMMUNICATIONS TO WIDER ORGANISATION		
2 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 and flu vaccinations • Guardian of Safe Working and celebrating junior doctors • Staff Wellbeing • Awards • Performance • HSMR • Thanks to Medirest colleagues 		
17/809	ANY OTHER BUSINESS		
1 min	No other business was raised		
17/810	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 7th January 2021, in the Boardroom, King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12:15</p>		
17/811	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>		

17/812	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
5 min	<p>Question raised via live Broadcast: Given that some of the legal changes being suggested for ICPs, CCGs etc. may have an impact on the role and status of Governors, what part might Governors take in thinking about our response to the NHSE/I paper?</p> <p>JM advised RM's will prepare a brief initial paper which will be shared with the Executive Team, Board of Directors and Governors.</p> <p>Ann Mackie, Public Governor, expressed concern in relation to the CCG putting forward a strategy for the future of Nottinghamshire which appears to only refer to NUH and queried how does the Trust see its input and is there a separate budget as a huge amount of money is being spent on the City Hospital.</p> <p>JM advised the strategy which has recently been published is NUH's strategy, not the CCG's. There is a strong focus on the redevelopment of both sites in Nottingham. NUH are in the second phase of the Health Infrastructure Plan (HIP). NUH have been given some initial work to do in terms of planning but they will need the allocation to come through, which will be separate monies in terms of capital costs. SFHFT is working with NUH to understand the clinical strategies underpinning this and ensuring assets across Nottinghamshire are used properly. For example, it is known there is scope to do more elective work at King's Mill Hospital. The Trust is having discussions as part of the partnership arrangements with NUH and the strategies of both trusts need to be embedded in a wider system approach. Changes to the system will underpin those discussions in terms of having a system focus.</p> <p>SB advised he is part of the Strategic Oversight Group for Tomorrow's NUH. SFHFT are 'around the table' and will be ensuring other patients within Nottinghamshire are getting the benefit from the developments.</p>		
17/813	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>		