Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 11:15 on Thursday 7th January 2021 via video conference

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	
	Amanda Sullivan	Accountable Officer for Nottingham and Nottinghamshire CCG	AS
	Alison Wynne	Director of Strategy and Transformation (NUH)	AW
	Becky Cassidy	Interim Trust Secretary, Nottinghamshire Healthcare	BC
	Robin Smith	Producer for MS Teams Public Broadcast	RS
Observer:	Ann Mackie	Public Governor	
	Jacqueline Lee	Staff Governor	
	Roz Norman	Staff Governor	
	Claire Page	360 Assurance	
	Emily Johnson		
	Sian Bruce		
Apologies:	None		

The meeting was held 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
17/831	**WELCOME**		
1 min	The meeting being quorate, JM declared the meeting open at 11:15 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders. Noting that due to the circumstances with regard to Covid-19 and social distancing compliance, the meeting was held, 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 able to submit questions via the live Q&A function. All participants confirmed they were able to hear each other.		
17/832	**DECLARATIONS OF INTEREST**		
1 min	JM declared his position as Independent Chair for the Derbyshire Sustainability and Transformation Partnership. RM declared his position as Executive Lead of the Mid Nottinghamshire Integrated Care Partnership (ICP), Executive Member of the Nottingham and Nottinghamshire Integrated Care System (ICS), Chair of the East Midlands Leadership Academy, Chair of the East Midlands Clinical Research Network and Chair of the East Midlands Cancer Alliance. PR declared his position as Director of Finance of the Nottingham and Nottinghamshire ICS. SH declared her position as Director of Corporate Affairs for Nottinghamshire Healthcare. CT declared her position as Director of Human Resources for Nottinghamshire Healthcare. LB declared her position as Director of Communications for the Mid Nottinghamshire ICP. GW declared his position as Non-Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust. There were no declarations of interest pertaining to any items on the agenda		
17/833	**APOLOGIES FOR ABSENCE**		
1 min	There were no apologies for absence.		

17/834	**STRATEGIC PRIORITY 5 – TO ACHIEVE BETTER VALUE**		
34 mins	**Reshaping Health Services in Nottinghamshire** AS and AW joined the meeting AS gave a presentation outlining the vision for reshaping Health Services in Nottinghamshire and Tomorrow's NUH, advising the government's Health Infrastructure Plan (HIP) provides funding to local health systems to invest in their hospital and other healthcare estate. Nottingham and Nottinghamshire has been earmarked as an area which can be allocated significant funding from this plan. To ensure the opportunity to secure funding for Nottingham and Nottinghamshire is taken, the Reshaping Health Services in Nottinghamshire Programme (RHSN) has been developed. This programme will draw together projects which bring investment into the area to improve local health services. Central to this is Tomorrow's NUH which is a programme of work to design and create hospital services which will meet the needs of the population now and in the future. JM advised he is pleased the proposals are being looked at within the wider system and queried if there are implications for other parts of the service, will those be included in the consultation, for example, there may be the opportunity to look more widely at where chemotherapy is provided. In addition, if there are capital implications for other parts of the system to facilitate this, for example, moving some elective work to underused facilities at King's Mill Hospital, will those be part of the capital proposals being submitted or will access to those resources be sought separately. AS advised in terms of the consultation, any changes to access to services, as in different sites or changes to pathways, these would be included to ensure transparency in relation to the implications for the population. In the pre-consultation business case and the decision making business case process, the chances of approval are greater where it can be demonstrated things can be delivered. If there are elements which are interdependent, these would need to be identified separately and used through in year ICS discussions around those interdependencies or other areas. There is a particular remit associated with HIP funding whereby any wider implications for access would be part of the overall consultation, but it may be there are some other capital issues which would need to be dealt with separately. AW advised the funding is set around the development of the QMC and City Hospital estate but it clearly sits within the system and there are dependencies which need to be 'on the table' so proposals can be put together in an aligned way. AS advised when the plans go out to consultation, there is a need to be clear what can be promised and what could be worked up as a potential if the capital is not immediately available. AW advised what this capital will not do is address all of the issues to get to an optimum state. There will be a need to prioritise within the clinical model which has been developed.		

	PR advised SFHFT has been working on a proposal to develop theatres and ITU, with some work feeding into that in terms of sterile services. There are some critical capital schemes which SFHFT wants to move on and ensure there is a co-ordinated approach across Nottinghamshire. PR queried if this would feed into the piece of work described by AS and AW. AW advised the role of the oversight group is to ensure any proposals are out 'on the table' to ensure they are sitting alongside the clinical model. PR advised these issues have been previously raised in ICS capital prioritisation discussions. DS referenced the legacy issues relating to the historic merger, noting there has been limited success across NUH in moving services due to reluctance from the clinical teams and difficulty in trying to 'strip out' pure elective services from emergency services. Many of the proposals may link into a more cohesive service across the whole of the ICS. DS queried what is different now which will enable plans to be delivered. AW advised the divisional directors and clinical staff within the teams have been the people sitting alongside other system partners to develop the clinical model. NUH are now in a position where they have been noted as being part of HIP2, with the associated capital which has not been previously available. The clinical model was the starting point to look at what is required for the delivery of care for the population. From that there is a need to identify what is achievable and what needs to be funded, as opposed to trying to do bits of things which do not interlink. Bringing women's and children's services together onto a single site is a significant move. There is a lot of support clinically within NUH to be able to get to a different place, although it will not be without difficulty. AS advised there is a strong sense of support and there is more detail to work to on the clinical model, which will be undertaken prior to going out to public consultation. There appears to be a collegiate primary and secondary clinician way of working this through, with some good partnerships. Primary care clinicians bring a pathway focus rather than a speciality focus to the discussions. DS felt there is a need to grasp the opportunity and for the clinical teams to see the bigger picture. This plan is bigger than Tomorrow's NUH as it relates to clinical services for the ICS. Therefore, terminology and language is important and other partners need to be front and centre. AS advised Tomorrow's NUH is a subset of the whole and acknowledged there is a need to think about it as a bigger picture as this provides more opportunities. If those opportunities are taken into account, the likelihood of receiving funding will increase as the case will be more compelling. TR felt an ICS approach needs to be taken but there is also a need to look further down the line and decide who is going to look at the infrastructure to support the plans in terms of transport, etc. as this is just as important.		

	AS advised as part of developing the proposals, the travel implications of any changes will be considered and it is acknowledged this is more significant outside of the city conurbation. A travel times analysis will be undertaken and feedback sought based on the current infrastructure. No assumptions will be made about infrastructure, but as we move to health and care and local government working together, over time it is hoped this will be more joined up than currently. RM sought clarification if the funding has been secured. AS advised NUH is identified in the group of 40 hospitals. The working assumption is as long as a compelling case is put together, which has whole system support, is making the best of all the opportunities presented and is affordable within the overall system plans, the money would be made available. RM queried if there is an opportunity to include the critical care, theatres and sterile services case at SFHFT, given the plans relate to whole system support and reshaping health services in Nottinghamshire. AW advised this would not sit as part of the same thing. The specific Tomorrow's NUH programme is a capital allocation for the hospital rebuild programme, of which NUH is one, and covers QMC and City Hospital. Given the clinical model which is being developed, the money NUH hopes to be allocated will not cover this. If more things are added it will dilute what is trying to be achieved. Capital is focussed on QMC and City Hospital. While discussions can be aligned, the spend is focussed on NUH given the estate issues within the trust across the three sites. JM advised he welcomed the system view and the plans need system support as speaking with one voice will strengthen the case. There are issues in relation to which aspects are critical in the pathways for developing QMC and City Hospital and how resources are accessed to achieve this. There may also be other aspects which are not critical to the QMC / City Hospital development but are important and the oversight group needs to reflect on this. Local authorities are part of the system and there is a need to engage with them to explore possibilities of changing some of the travel infrastructure. IT is also important and there needs to be a digital solution across the system. AS noted the issue of critical interdependencies and this needs to be explored further in the partners oversight group. AW advised there is a digital workstream within the programme and there are interdependencies across the system for digital to ensure partners work together in a better way for the delivery of patient care. The Board of Directors were ASSURED by the report AS and AW left the meeting		

17/835	**MINUTES OF THE PREVIOUS MEETING**		
1 min	Following a review of the minutes of the Board of Directors meeting held on 3rd December 2020, the following amendments were identified: • Item 17/804 – sub heading of Best Value Care, last line of paragraph 3 should read "….slight improvement on reviewing the Month 8 run rates…" • Item 17/805 – first sentence of paragraph 11 to be removed The Board of Directors APPROVED the minutes as a true and accurate record, subject to these amendments being made.		
17/836	**MATTERS ARISING/ACTION LOG**		
1 min	The Board of Directors AGREED that actions 17/767.2, 17/800.1, 17/800.2 and 17/803 were complete and could be removed from the action tracker. NG expressed the view an additional action should be added to the action tracker in relation to item 17/802 for RM to seek the view of the ICP executive in relation to measuring the achievement of the ICP objectives and how this fits in with developments in the ICS.		
17/837	**CHAIR'S REPORT**		
4 min	JM presented the report and thanked staff for the huge amount of work which is currently being undertaken, treating Covid and non-Covid patients, and staff involved with the vaccination programme. What has been achieved in terms of the vaccination programme is impressive. The benefits of working closely with Nottinghamshire Healthcare Trust are evident and there has been a lot of cross working and collaboration. Agendas for Board of Directors meetings for the next 2-3 months will be reviewed. The focus for the Board of Directors should be on current work in terms of Covid and the vaccination programme. There is a need to ensure staff are supported as much as possible. There will be a need to start thinking about 2021/2022 as at some point there will be the need to return to 'normal' working in terms of finance, etc. and thought will have to be given to how the transition is made and to get a balance. The chairs of the sub committees will look at focusing the work of the committees to try to minimise the impact on the Trust. JM advised he welcomed the appointment Dr Kathy McLean as the Chair of the Nottingham and Nottinghamshire ICS. She is chair of University Hospitals of Derby and Burton and was previously the medical director of NHSI. She is committed to developing the system and her appointment will ensure there is strong clinical input to the ICS. The Board of Directors were ASSURED by the report.		

17/838	**CHIEF EXECUTIVE'S REPORT**		
18 mins	RM presented the report, advising broadly speaking, across the country, there has been no impact on health services and no impact on services at the Trust caused by EU Exit. The Trust will continue to check the risk it is running with as an organisation in terms of EU Exit on a weekly basis with all the subject matter experts. The risk register has been updated and there will be further discussion at the meeting of the Risk Committee on 12th January 2021. Covid is dominating the current focus for the Trust. As an organisation there are three areas of focus from a Covid perspective this Winter, namely the provision of safe care to all patients, recognise the importance of the welfare and wellbeing of staff and being proud. It has been agreed to further strengthen the hot food and hydration provision to all colleagues across all three sites. Despite the many challenges faced, staff should feel proud of the work within the Trust and how it is working with partner organisations. SB advised the Trust remains on Incident Level 4. As the accountable emergency officer for the organisation, SB advised he chairs a meeting of the Incident Control Team (ICT) five days per week. This meeting takes place seven days per week and is chaired by an executive director each day. As of 7th January 2021, there were 166 inpatients who are Covid positive in the organisation. By comparison in the surge in the Spring, the highest number of Covid positive patients was circa 100. During the week between Christmas and New Year, the number of Covid positive inpatients doubled. This is expected to increase further given the prevalence of Covid within the community. There are currently 20 patients in ITU, not all with Covid. The normal capacity of ITU is 9. All the surge capacity within the Winter plan is open, meaning there are an additional 62 acute beds available to medicine. Further surge plans are currently being worked on to try to open a further 27 spaces across ambulatory care to cope with the demand. On 6th January 2021, 10% of the workforce was unavailable due to non-Covid and Covid sickness, plus Covid isolation. This has impacted on staffing. Oxygen supply to the organisation is being very well managed. There is daily oversight on usage and supply with contingency plans in place with triggers to manage the oxygen supply where necessary. Due to the surge, the Trust has started to prospectively cancel some elective work, mainly in theatres, as the ITU surge plan involves the use of theatres as part of critical care unit. JH advised workforce loss in nursing and midwifery is currently 14%. There is a meeting twice per day to assess staffing across the long day and long night, spreading the risk across the organisation where there are staffing shortages. From the experience of London and the south, it is known the workforce position is likely to deteriorate. There are exceptional workforce loss plans in place and workforce is being monitored on a weekly basis. The ICT reviews where the Trust has fallen below the usual staffing levels, care hours per patient day and 'red flags' which are incidents defined by National Institute for Clinical Excellence.		

	DS advised in terms of medical staffing to date, the Trust has managed to safely staff all areas. However, there were some 'pinch points' over the Christmas holiday. Staff are increasingly tired, additional shifts which need to be filled are not being picked up and there is additional clinical activity. This has been discussed at a meeting of clinical chairs and divisional general managers with unanimous support to move to a pooled medical / floor based rota for trainee medical staff. This was supported by the ICT on 6th January 2021. These rotas will be implemented from 8th January 2021. This rota has significant implications for medical staff in terms of the training the Trust is able to provide, but it does provide additional workforce. This will be reviewed regularly so the rotas are not in place for longer than is necessary. CT advised the Covid vaccination programme in Nottinghamshire went live on 8th December 2020. King's Mill Hospital was one of 52 hubs across England to go live with the vaccination programme on that date. When the programme started, due to staffing capacity and vaccine supply, the hub was programmed to vaccinate just under 1,000 people per week. To date 7,000 vaccinations have been given through SFHFT. Across Nottinghamshire 16,000 vaccinations have been given. The hub is now programmed to deliver 500 vaccinations per day and capacity will increase from 11th January 2021 to just over 600 vaccinations per day. During the period between Christmas and New Year, the Trust worked with colleagues to support the commencement of the vaccination programme in care homes and the programme successfully started during that time. The Trust has worked with partners to open up a further four vaccination sites across Nottinghamshire during week commencing 4th January 2021 with a further three programmed for week commencing 11th January 2021 and a mass vaccination site at the end of January 2021. The vaccine which has been in use to date is the Pfizer vaccine, although on 6th January 2021 the first AstraZeneca vaccine was received at the Nottingham City Campus site. To support the vaccination programme through SFHFT and working with Nottinghamshire Healthcare Trust, a significant recruitment programme has been undertaken to help staff the vaccination centres across the county. Over 2,000 people have been on-boarded in 8 weeks to be deployed to those sites. Additional training has been provided and competencies signed off. RM advised it is important not to underestimate how hard everyone within the Trust is working and it is important to also recognise the impact of Covid on staff's personal lives. RM expressed thanks to all staff. The situation is likely to be difficult over the coming month for the organisation but the Trust is well positioned to respond. Progress continues to be made in relation to cancer care, elective care and diagnostics. However, these services are under pressure. The flu vaccination programme has gone very well and the uptake rate for the Trust remains the highest of all acute trusts in the Midlands. For the fifth consecutive year, SFHFT has made progress in relation to the staff survey.		

	CW queried if the pooled medical rota has been co-ordinated across the system. DS advised the Trust has been reluctant to introduce the pooled rota due to the impact on trainees. There is a robust bank system to pull in additional staff from across the county but the Trust has been unable to staff rotas. Therefore, there has been no alternative but to change rotas. In April, a small number of trainees were pulled from Nottinghamshire Healthcare Trust, but as activity within Nottinghamshire Healthcare is currently mirroring that of SFHFT, pulling trainees from there is not possible. Health Education England (HEE) is meeting on 7th January 2021 to clarify if trainee rotations will be taking place in April 2021. The Board of Directors were ASSURED by the report		
17/839	**STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE**		
13 mins	**Maternity Services Report** • **Response to Ockenden Report** • **Maternity Incidents and Investigations overview – Quarter 3 2020/2021** • **Maternity Perinatal Quality Surveillance Model** JM advised there has been considerable concern across some parts of the NHS in relation to maternity care. As a result, some national assurance is required but SFHFT has also looked at the work the Trust is doing to provide assurance it is providing safe and effective maternity care. JH advised this report will become a standing item for the Board of Directors as per the recommendations of the Ockenden Review. The interim review report was published in December 2020. The investigation looked into a number of incidents which occurred at a trust in the Midlands and makes recommendations specifically for that trust but also for wider maternity services across the NHS. The report details seven immediate and essential actions. SFHFT is declaring compliance with those actions, although there are two areas where the Trust is partially compliant, namely listening to women and families and staff training and working together. The reason for partial compliance on the first of those is it requires the creation of an independent senior advocate role to support families. The national team are developing the framework for this role. The second point relates to consultant ward rounds. There is currently 60 hours per week consultant presence and ward rounds 7 days per week. The requirement is for ward rounds to be held twice per day, 12 hours apart. Current consultant cover does not allow this standard to be met. However, two ward rounds per day are undertaken. Investment will be required to fully meet this recommendation. BB noted the recommendation regarding extra staff in the form of medical consultants and queried if the Trust has the ability to attract additional staff, particularly given the additional midwifery requirement identified through Birthrate Plus.		

	JH advised the Trust is one of two units in the Midlands rated as 'good' for maternity and, therefore, has a strong reputation. From a midwifery perspective, staff are almost fully recruited. Through the local maternity care and neonatal system, funding has been secured to create a third continuity of care team. The biggest challenge is obstetric consultants. DS advised it is a challenge and there are a number of aspects in play across maternity in the patch, some of which may be to the Trust's advantage. JH advised the maternity incidents and investigations overview and maternity perinatal quality surveillance model will be regular standing items for the Board of Directors. The aim is to transparently share information without breaching confidentiality. The recommendation of the Ockenden review is for serious incidents to be shared with the Board of Directors. However, SFHFT has taken the decision to detail all incidents across maternity. Key themes in relation to the incidents of most concern and progress to date are identified in the report. The perinatal surveillance tool is nationally mandated, but the Trust has made some adjustment in terms of the metrics used to identify potential harm in maternity. This provides oversight of the current position. **Action** • **Maternity Incidents and Investigations overview / Maternity Perinatal Quality Surveillance Model to be added to Board of Directors workplan as monthly agenda item** JM felt the incident report is very important. As this builds it will allow issues to be identified. JM advised he was surprised by the number of incidents but reassured the vast majority caused little or no harm. This is a good reflection of the culture in maternity as people are raising concerns. JM queried what the Trust needs to monitor from these incidents. JH advised there were two maternal deaths, both of the same cause but there are no common themes identified between them at this time. The national confidential inquiry is due out and is likely to show SFHFT is not an outlier but needs to learn from this inquiry. There are two areas flagging red on the surveillance scorecard. There is a robust triggers meeting within maternity services and all the incidents have been reviewed with no concerns being identified. The Trust is required to partner with another organisation to provide a 'critical friend' to the NHS Resolution (NHSR) submission. There has been agreement from University College London Hospital (UCLH) to partner with them. This will help keep SFHFT safe and ensure the Trust is not complacent. JM queried if the Trust had been transparent and open with the parents as it was important that there is not a loss of trust from mothers and prospective mothers, either due to things 'going wrong' or perceived lack of transparency. JH advised she and RM had met with a couple who lost their baby while in the care of the Trust and they were complimentary about how open and transparent the service has been. They are going to support the Trust with the development of some actions. JM welcomed this.	**SH**	**04/02/21**

	JH advised she and DS have sight of all the incidents when the reports are signed off and the first action in the action plan is for the report to be shared with the family. Public sharing of information at meetings of the Board of Directors is the next step. DS advised he had no doubt the teams will share information and escalate concerns appropriately. CW felt it would be useful to records patients' reactions to incidents and for this to be included in future reports to the Board of Directors. JH advised this will be considered through the Maternity Voices Partnership. **Action** • **Consider how patients' reaction to incidents in maternity can be included in reports to the Board of Directors** JM advised the Trust has been asked to identify a non-executive director to link with maternity. Claire Ward is already undertaking this role, prior to the request being received and is in discussion with JH about the requirements. There will also need to be some discussion in relation to the relative role between the sub committees and Board of Directors as this work develops. MG queried how the pressures at SFHFT compare to similar trusts in terms of compliance with the actions. JH advised consultant cover for labour wards is expensive and a lot of units of similar size to SFHFT are struggling in relation to this. This action is easier to achieve in larger units. The Board of Directors were ASSURED by the report	**JH**	**04/02/21**
17/840	**SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT**		
44 mins	**PEOPLE AND CULTURE** EC advised there is a strong focus on supporting colleagues from an overall welfare and wellbeing perspective. This is being achieved by being visible in key areas when an increased need has been identified, holding wellbeing road shows, offering support and advice and ensuring the basics are in place across the organisation, for example, encouraging colleagues to take breaks, hydrate etc. Opportunities for colleagues to keep connected, particularly if working from home, etc., have been introduced. Over the Christmas period a number of keeping connected informal 'coffee and chat' sessions were put in place. Working with system partners across the ICP, the Trust ran a week long wellbeing fair in December which was well received. The Trust is looking at the opportunity to build on health, wellbeing and welfare offers across the Trust and the system. In the current Covid surge, ways of getting food and drink to colleagues in areas where they find it difficult to leave are being explored. There is a need to ensure staff are aware of the welfare and wellbeing support and rest areas are available for staff. A reminder of all the offers which are available will be sent out to colleagues. The Trust will continue to listen, learn and respond to needs.		

	The Education Centre at King's Mill Hospital is currently fully dedicated for use as the vaccination centre. The provision of education and training across the whole workforce, including different ways of providing this to ensure colleagues feel confident, safe and supported in delivering care, is being considered. The Trust recognises the demands to deliver patient care and wishes to take away everything which is not essential at the present time. EC advised a full report on the staff survey results will be provided to the Board of Directors once the embargoes on the results have been lifted. It is a very positive report and colleagues should feel proud of how they have delivered safe effective care and looked after each other. **Action** • **Full report on outcome of Staff Survey to be provided to the Board of Directors** BB noted the Trust has on boarded 2,000 staff as part of the response to providing the vaccination programme and queried if the wellbeing offer is able to scale up to cover these staff. In addition, is the Trust working with those staff to take up permanent vacancies in the organisation? EC advised full information of the wellbeing and welfare offer is provided as part of the induction process. Work is also underway in relation to wellbeing conversations with new starters, ongoing 1:1s, etc. The offer is available to everyone and the Trust ensures colleagues are made aware of the offer which is in place. As the Trust learns, listens and understands more, it will look at how to respond to the whole health, wellbeing and welfare offer and needs as they evolve. CT advised the on boarding of the 2,000 staff was specifically for people to support the vaccination programme across Nottinghamshire. However, a number of people recruited have indicated an interest in working for the Trust on a permanent basis and the question is proactively asked as part of the recruitment process. One of the strategic priorities for the Trust was to develop a collaborative bank to employ a workforce to help support health and care provision across Nottinghamshire. The Trust is using this opportunity to mobilise that hub as part of an ICS and regional initiative and external funding has been received to support this. SFHFT will be in a good position coming out of the vaccination programme to help shape a different employment offer, both into the Trust and to support the wider system. CT advised there has been a continued increase in sickness absence, largely influenced by Covid, noting non-Covid sickness absence is not above exception for this time of year. The organisation has been impacted by Covid loss by people experiencing symptoms and also having to isolate. Action to address this has been taken to ensure staffing capacity in a number of different ways.	**EC**	**06/05/21**

	Occupational health uptake continues to be high. This is good in terms of people accessing the service for early support, but it does impact on the service. Additional resource to support the provision of the service has been put in place. There is a focus on increasing the psychological support the Trust can offer colleagues. A clinical psychologist is being recruited to support the Occupational Health Team in response to some work which was done with clinical service areas. The flu vaccination programme has gone well, with over 86% of front line staff being vaccinated. There has been a huge uptake from staff in clinical front line services and this is a reflection of work which has taken place over the last few years to mobilise the increase in uptake. Vacancies and turnover are down. The Trust is using opportunities to recruit where possible to ensure a stable, substantive workforce, a good bank and a flexible workforce. Performance in relation to appraisal and mandatory training is not in the position the Trust would like, but it is part of planned underperformance of stepping down some areas whilst resource is focussed on essential activities. **QUALITY CARE** DS advised there have been 16 cases of hospital acquired Covid infection and the Trust has been dealing with a number of outbreaks across the organisation, which peaked at eight. Currently there are two outbreaks which are being actively managed. In addition, there are a number of clusters which are not officially defined as outbreaks, but they are concerns. These relate to key operational areas such as the flow room and porters. It is recognised there is a new variant of Covid circulating and roughly 1 in 50 of the population is currently affected by Covid. Outbreaks are managed proactively, with meetings twice or three times per week chaired by JH or DS. There is external scrutiny from the CCG, Public Health and the CQC. Recently the Health and Safety Executive (HSE) reviewed the Trust's Covid infection control processes. The formal report is not yet available, but they were very complimentary in terms of actions the Trust is taking. The CQC have also undertaken a deep dive into the Trust's infection control processes. A request has been received from the CCG for them to review the Trust's processes. The board assurance report will be presented to the next meeting of the Quality Committee. Asymptomatic staff testing is fully rolled out and circa 50% of staff have received the first dose of the Covid vaccine. On 6th January 2021 there was an announcement in relation to a national directive to increase the Covid vaccination programme for staff. The Trust hopes to complete the staff vaccination programme in the next few weeks. The Hospital Standardised Mortality Ratio (HSMR) programme of work is in play. It has been identified the PAS coding system has not provided postcodes to the Dr Foster data, meaning the deprivation scores have not been adjusted. This has now been corrected but the data has been skewed since April 2020.		

	In terms of the cardiac arrest rate, further advice is being taken regarding how this information is captured. JH advised in terms of the Maternity Friends and Family Test (FFT), the Trust has reintroduced visiting across the whole pathway. The FFT is lower for antenatal as women were expected to attend appointments without their birth partners. Hopefully the change to visiting will help improve the FFT. In relation to dementia screening, it has been agreed some of the senior nurses will help support the assessment. The previous method of having support in the clinical areas is not viable in a Covid world. This action will hopefully improve the metric while Nervecentre rollout across the emergency pathway is awaited. NG noted the move from PCR to lateral flow Covid asymptomatic tests and queried if there was any data available regarding accuracy of the two tests. DS advised if the lateral flow test is positive, the person would then have a PCR test, which is the 'Gold Standard'. Over 90% of those PCR tests are positive. The wider question is what does negative mean and this is a focus of attention. There is a variance of between 30% and 70% accuracy which can be dependent on the setting for the test. SFHFT's asymptomatic rate correlates with other organisations and is relatively low. This is an appropriate simple mechanism to use, albeit it is not clear what the next step will be when the next two months of lateral flow testing is complete. JH advised staff uptake of lateral flow tests is significantly higher than the Pillar 2 testing. JM noted there is concern regionally and nationally about levels of infection generally, not specifically Covid, and queried what the Trust's position is. DS advised this is not evident within the Trust and the only area flagging is the Clostridium difficile, (c. diff) rate. There were concerns about the widespread use of antibiotics in the initial stages of Covid and the Trust has worked with primary care networks in relation to this. In terms of overarching infections, there has not been any significant increase and the national data is not supporting that. JH advised when the Trust initially completed the Infection Prevention and Control (IPC) Board assurance document, it was identified screening for other infections was a problem. This was picked up early which may be why there is a different picture at SFHFT. **TIMELY CARE** SB advised ED performance in November remained strong, including ambulance turnaround times. ED 4 hours wait performance for December will be 90% but the last week of December was difficult. 150-160 Covid positive patients is a tipping point as this equates to approximately a third of capacity at King's Mill Hospital. This creates problems for beds and ensuring there is no cross infection between those beds, leading to a delay in admission whilst ensuring the patient is admitted to a bed where they are not going to catch Covid or transmit Covid to others. Another aspect is workforce loss. However, as the vaccination programme moves forward, this should lead to greater workforce resilience.		

	In the next few weeks, point of care Covid testing should be available in ED. This will enable a result to be quickly available and patients will be appropriately placed to protect them and other patients from infection. The current wait for a result is 12 hours and as the patient will already be admitted, this creates a challenge as effectively the Trust is treating all patients as if they are Covid positive until test results are received. Plans to improve the Trust's ability to staff additional Winter capacity are being worked on but are not yet agreed by the ICT. In late December there were four patients who waited over 12 hours for a bed, due to some of the reasons described. Initial harm reviews have been completed and no harm has been identified. However, these will go through the quality process. RM will be writing to the patients involved to apologise for their experience. The Clinical Review of Standards published the proposed changes in December. There will be a consultation on changes to the ED 4 hour wait standard over the coming months, with a change to possibly start from April 2021. A report in relation to this will be brought to the Board of Directors for information regarding how the standards will change. **Action** • **Report outlining the changes to the ED 4 hour wait standard to be presented to the Board of Directors** Recovery during November remained strong, with the exception of elective inpatient care which fell as critical care surged. This is likely to fall further over the coming month, but the Trust continues to undertake as many day cases as possible. However, this is a risk as a further surge of critical care will require the use of day case theatres and day case area. Outpatients remains unchanged and the Trust wishes to bring in as many outpatients as is safely possible, preferably via virtual work. Newark Hospital is currently a green site and a considerable amount of elective care is completed through there. The aim is to continue this through the current surge period. However, there are constraints in terms of the level of anaesthetic risk which can be taken for patients. Therefore, it will mainly be day case or overnight stay work which will continue at Newark Hospital. The independent sector is also available for patients across Nottinghamshire. The Trust is trying to maximise the number of patients both SFHFT and NUH treat through the independent sector in order to undertake as much elective activity as possible. Elective waiting lists are currently fairly stable at circa 35,000. 99% of inpatients on the list have a clinically applied priority code. Cancer 62 day referral to treatment (RTT) performance is 71%. It was positive to see in October the Trust was 80% on time to diagnosis and informing patients of the diagnosis as the biggest issues in the cancer pathway relate to diagnosis. It is unclear how sustainable this is and there is work to do in relation to the imaging strategy.	**SB**	**04/03/21**

	The Trust will be appointing a deputy lead cancer clinician who will be undertaking the focused work in relation to the redesign of the very high volume cancer pathways to maximise the diagnostic phase. Despite the current difficult times, it is felt this work can be undertaken. Overall, the average wait for cancer treatment is 60 days with an 85th percentile wait of 80 days. This is broadly stable. The Trust will continue to treat cancer patients as much as possible through this phase or across the system. The cancer network has a process for prioritising patients, mainly for surgical treatment, across the system. This will help balance the risk. RM advised on 23rd December 2020 a letter was received from NHSI in relation to operational priorities for Winter. This was discussed at the Executive Team meeting on 6th January 2021. SFHFT is focussing on the areas which we are being asked to focus on. It is felt the organisation is doing everything possible, whilst recognising the hope is for levels of Covid in the community and the Trust to start to reduce over the coming months and, therefore, the backlog can be further reduced. **BEST VALUE CARE** PR advised the financial position is currently being monitored and measured against the Phase 3 plan for months 7-12 of the financial year, which was submitted in October 2020. This indicated a £9.2m deficit by year end. 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 8 the Trust is reporting an adverse variance of £250k. The YTD position, which in essence is Month 7 plus Month 8, is £320k adverse position against the submission. This is due to an earlier Covid surge than was assumed in the planning, which assumed a Covid surge in January 2021 and during October to December 2020 there would be a continuation of the restoration of elective services. Both scenarios have played out. Covid spend in Month 8 was £860k more than expected. The Trust is working with the regulator on a weekly basis to undertake a detailed analysis and triangulation of proposals and plans. Through the guidance of NHSI, the Trust has been working on scenarios for the remainder of the year and on the application and treatment of technical items such as annual leave accrual. At Month 8, the Trust removed the assumption the annual leave accrual would increase, which impacted positively on the forecast. Another impact on the forecast is some modelling on scenarios which was undertaken at a very high level. As a result of some further work in relation to this, elective service costs have been removed as these would not be incurred if the Covid surge continued. By removing annual leave accrual and elective service costs, the Trust was able to improve the forecast by £2m at Month 8. This needs to be kept under review as it will be impacted by the severity and length of the current Covid surge.		

	Capital spend YTD is £6m. This is £270k more than the plan, which did not include any Covid expenditure, for which separate approvals will be received, and did not include separate funding resourcing which has been received, most notably in respect of ED and resus expansion. The Trust expects to deliver against the year end plan and against the additional available resources. In terms of cash, the Trust remains at the monthly pre-payment levels. Further guidance is expected nearer year end in relation to how the Trust will return to a normal cash regime. The Board of Directors CONSIDERED the report.		
17/841	**ASSURANCE FROM SUB COMMITTEES**		
2 mins	**Finance Committee** NG presented the report, advising guidance for the outline Phase 4 plan has been received recently. More detailed planning guidance is expected in January 2021. The Financial Improvement Plan (FIP) programme has been reinstated as this was not required in the first half of the current financial year. Finances are being controlled at ICS level and there is likely to be an acceleration of that in the new financial year. The Committee received a report for the outline business case for theatres, which was supported. The project is expected to cost around £50m and capital funding will be sought if and when central funds become available. If funds become available, it is not anticipated the facility will be brought into use until at least 2026. The Committee received a contract horizon scanning report, setting out which contracts are due to be renewed in the foreseeable future. This will become a standing agenda item for future meetings. The Board of Directors were ASSURED by the report.		
17/842	**COMMUNICATIONS TO WIDER ORGANISATION**		
1 mins	The Board of Directors AGREED the following items would be distributed to the wider organisation: • Reshaping Healthcare Across Nottinghamshire • SOF, with particular reference to Covid, staffing, vaccinations, EU Exit and other services, particularly Cancer • Message of support to staff • Maternity		
17/843	**ANY OTHER BUSINESS**		
1 min	No other business was raised		
17/844	**DATE AND TIME OF NEXT MEETING**		
	It was CONFIRMED the next Board of Directors meeting in Public would be held on 4th February 2021 via video conference at 09:00.		

	There being no further business the Chair declared the meeting closed at 13:15		
17/845	**CHAIR DECLARED THE MEETING CLOSED**		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. John MacDonald **Chair** **Date**		

17/846	**QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT**		
min	No questions were raised.		
17/847	**BOARD OF DIRECTOR'S RESOLUTION**		
1 min	**EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting** In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: "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." Directors AGREED the Board of Director's Resolution.		