

UN-CONFIRMED MINUTES of a meeting of the Board of Directors held at 11:30 on
Thursday 2nd April 2020 at King's Mill Hospital

Present:	John MacDonald	Chairman	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

In Attendance:	Sue Bradshaw	Minutes
	Sue MacDonald	Recording

Apologies: None

Board members not required to attend this meeting due to the Covid-19 incident

Simon Barton	Chief Operating Officer	SB
Emma Challans	Director of Culture and Improvement	EC
David Selwyn	Medical Director	DS
Julie Hogg	Chief Nurse	JH
Clare Teeney	Director of People	CT
Robin Smith	Acting Head of Communications	RS

Due to the Covid-19 incident, the meeting was held by video conference. All participants confirmed they were able to hear each other and were present throughout the meeting.

Item No.	Item	Action	Date
17/539	WELCOME		
1 min	The meeting being quorate, JM declared the meeting open at 11:30 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 not held in public. However, the agenda and reports were available on the Trust Website.		
17/540	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>GW declared his position as Non - Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.</p>		
17/541	APOLOGIES FOR ABSENCE		
1 min	<p>There were no apologies for absence.</p> <p>It was noted Simon Barton - Chief Operating Officer, Emma Challans - Director of Culture and Improvement, David Selwyn - Medical Director, Julie Hogg - Chief Nurse, Clare Teeney - Director of People and Robin Smith - Acting Head of Communications were not required to attend the meeting due to other commitments in dealing with the Covid-19 incident.</p>		
17/542	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors in Public held on 5 th March 2020, the Board of Directors APPROVED the minutes as a true and accurate record.		
17/543	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that action 17/491 was complete and could be removed from the action tracker.		
17/544	CHAIR'S REPORT		
6 mins	JM acknowledged times are strange due to the Covid-19 incident and he was feeling a little disassociated due to not being on site as regularly as he would under normal circumstances. JM advised his main focus over the past two weeks has been keeping up to date with developments and giving the executives the time to do what they need to in response to the incident.		

	<p>It was acknowledged the weekly reports from SB are helpful. Governance arrangements are being considered in terms of the financial regime, work programmes, decisions, etc. These will be rationalised to ensure the focus is on dealing with Covid-19. Discussions regarding how the Trust will exit the current situation have started. There is a need to consider what type of information should be gathered now.</p> <p>JM advised he has been party to a number of discussions regionally and with the ICS/ICP chairs which have been useful to sense check the approach being taken by SFHFT. Some ideas to take forward have been identified. Decisions have been taken over the past two weeks and the Trust is now in a position to formalise plans so everyone is aware of how SFHFT plans to operate for the next few months, depending on how long the Covid-19 incident lasts.</p> <p>MG felt it important to consider the delegation process and dealing with the emergency and to balance that with the relevant governance which needs to be in place. There is a need to ensure records are kept for audit trails, etc. as there are likely to be enquiries and Freedom of Information requests when the incident is over. JM advised discussions have taken place in relation to this and the Trust has been sense checking with other organisations.</p> <p>NG advised in terms of finance, specific arrangements are in place to ensure the governance arrangements continue during the Covid-19 incident but equally there is a need to be able to react to situations as and when required. The Trust needs to track all costs associated with the Covid-19 programme which are likely to be subject to NHS Improvement (NHSI) scrutiny and potentially parliamentary scrutiny. Procedures are in place to enable the Trust to justify spend during the incident.</p> <p>JM advised the Board of Directors should allow decisions to be taken quickly as necessary between Board meetings, either with the Chair and Chief Executive, the Chief Financial Officer and chair of the Finance Committee or with the Medical Director, Chief Nurse and chair of the Quality Committee.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>17/545</p>	<p>CHIEF EXECUTIVE'S REPORT</p>		
<p>21 mins</p>	<p>RM presented the report, advising the draft CQC report has been received. The process of checking this for factual accuracy is ongoing and has to be completed by 21st April 2020. It is hoped the outcome can be communicated internally and externally in mid-May. Broadly speaking it is a very positive report.</p> <p>RM confirmed the Gender Pay Gap report has been submitted and will be published on the Trust website.</p>		

The Board Assurance Framework (BAF) has been reviewed by the lead committees. Some of the scores have been changed and will be reported to the Quality Committee. Despite all the focus and pressure resulting from the Covid-19 incident, the Trust is clear the governance documents are being kept up to date.

Covid-19 update

RM advised daily briefs are being sent out to all staff and there are twice weekly virtual staff briefs taking place.

RM advised there is currently a mixture of feelings within the organisation. The Trust feels calm, one of the reasons for this being in excess of 50% of beds are currently empty. In addition, there has been a reduction in emergency and outpatient activity. However, it is acknowledged colleagues are scared and tired. Staff fall into three groups, colleagues who are currently caring for Covid-19 patients, colleagues who are likely to be caring for Covid-19 patients in the future as demand increases and colleagues who are unlikely to be caring for Covid-19 patients but are nervous about the current situation in the country. The support being provided to staff identifies those three groups. There are specific actions being taken for specific groups but Trust-wide support is also being offered.

RM acknowledged the work being undertaken by RS and the Communications Team, noting sending out a daily update is a huge undertaking. The information contained in the daily update predominantly comes from the Incident Control Team (ICT) meeting, which is chaired by SB, and the various committees and groups which sit below that. The Trust is trying to ensure the daily brief is included with team briefs and handovers which take place across the organisation. Each evening the daily brief is put into a PDF document and circulated to the Senior Leadership Team WhatsApp group for cascading throughout the organisation.

There are currently no concerns in relation to the supply of Personal Protective Equipment (PPE), with a good level of PPE coming into the organisation.

Getting access to testing for Covid-19 for staff is problematic. A total of 11 colleagues were tested on 31st March 2020 and 1st April 2020, all of which were negative. The reasons for this low number of tests are beyond the Trust's control. On 2nd April, information was received from the regional NHSI team stating testing is being opened up but will not be at the grand scale suggested by the government.

In terms of demand, 640 patients have been tested for Covid-19, of which 98 were positive. 88 of those patients were in the hospital and 10 in the community. There are currently 41 inpatients who are Covid-19 positive and they are mainly on level 4 at King's Mill Hospital. However, there are Covid-19 positive patients across all three hospital sites. There are currently 9 patients in intensive care and, to date, 24 patients who were Covid-19 positive have been discharged.

Like the wider NHS, the forecast peak in demand is between 9th and 13th April 2020. This will be the peak for Covid-19 admissions. There will then be a lag before a peak in patients being moved to ITU, followed by a further lag before a peak in patients stepping down back onto wards or into the community. Covid-19 related deaths are likely to peak between admission and step-down.

There are currently 228 adult beds empty in the Trust. The forecast peak number of beds required is 167. Therefore, the Trust is confident there are enough beds within the organisation to get through the peak.

In terms of critical care, there will be 25 critical care beds available by the end of 2nd April 2020 and 30 by the end of 3rd April 2020. There is additional flex up to 41 beds. The key requirement is access to ventilators and the Trust is working with external partners in relation to this.

In terms of staff, there are currently 394 colleagues absent for Covid-19 related reasons. There are a total of 691 colleagues off work, representing 12% of the workforce. This has reduced from nearly 18% at the beginning of week commencing 23rd March 2020. Staff are returning to work, particularly in the 'hotspot' areas of ED and ITU. However, as of 2nd April 2020 there is a spike in colleagues in the maternity team who are absent. The hotspot areas and the staffing groups in those areas are known and the Trust is currently not escalating to agency. 11% of Medirest colleagues are currently absent.

The Trust currently has plenty of surgical masks and has recently been doing some work to support primary care, CityCare and funeral directors. The Trust has enough FFP3 masks to last 24 days. Additional masks are coming through and supply of scrubs and gowns is not a problem. Additional hand gel is being sourced locally.

The Trust's transactional planning is good. The work being done in relation to wellbeing and emotional support for colleagues is strengthening and the Trust is working with Nottinghamshire Healthcare in relation to this.

Where possible the Trust is changing outpatient activity to virtual clinics or telephone consultations. However, any GP referrals will be put on a waiting list and those patients will be contacted as and when things change. Everything possible will be done to protect cancer patients. However, realistically some patients who require cancer care are likely to experience a delay in their care. If and when the surge in activity comes in the next few weeks, it may be problematic to get these patients into intensive care if they need an ITU bed. There is a need to sense check harm events on cancer and elective care pathways and have open and honest conversations with patients on cancer, diagnostic and elective pathways. Everything possible will be done to keep patients safe while they are on a waiting list.

There has been a lot of change within the organisation and across the ICS recently, the majority of which is positive change. EC is taking the lead on capturing all the changes and working out when we transition to business as usual (BAU), how the transition will happen and what changes which have been implemented the Trust wants to keep in place. EC has had discussions relating to this with Andy Haynes - ICS Executive Lead, from a system perspective.

The risks faced by the Trust are access to ventilators and the ability to maintain staffing levels if further staff have to self-isolate or become infected with Covid-19. From a finance perspective, the Trust is capturing all the costs associated with Covid-19.

RM expressed thanks to the executive and senior leadership teams for their support, advising colleagues were displaying calm leadership. Over the forthcoming Easter weekend (10th to 13th April 2020), staffing levels within the organisation will be the same as a 'normal' working day.

While the atmosphere in the Trust is currently calm, people are anxious and tired. Colleagues are waiting for something to happen, knowing it will happen but they are not sure when and to what scale. The Trust is as well positioned as it can be for the next two weeks, noting the plans which are currently in place will evolve further.

TR queried if the Trust is likely to experience any pressure in relation to mortuary services. RM advised this is dependent on the number of patients who pass away. To date the Trust has declared 14 deaths. There may be problems in relation to the mortuary, but a solution is being investigated at ICS level. Diagnostics and outpatients are working very clearly around their own mortuary provision. Body bags have been declared as a shortage today (2nd April 2020) but these are being sourced separately by the Trust.

The Board of Directors were ASSURED by the report.

Newark Urgent Care Centre

RM advised it is proposed to close Newark Urgent Care Centre (UCC) overnight (10pm-9am) from 6th April 2020. The view is the UCC cannot be safely staffed going forwards. Closing the UCC overnight would also enable the workforce to be centralised onto the King's Mill site. This is a clinically led recommendation and has the full support of colleagues at Newark, the ICS and commissioning colleagues. The UCC will re-open to 24 hours as soon as possible.

MG felt there is a need to consider communication with the Newark governors, bearing in mind some of the sensitivity in relation to Newark. RM advised if the proposal is approved by the Board of Directors, the process of communicating the decision to different stakeholder groups will begin. A statement has been prepared for the governors and the Trust will also contact key community leaders. A letter has been prepared to send to the local MP, Robert Jenrick, and there will be a press release. Colleagues at Newark will be having face to face conversations with the division.

<p>6 mins</p>	<p>The Board of Directors APPROVED the overnight closure of Newark Urgent Care Centre with effect from 6th April 2020</p> <p>Single Oversight Framework Monthly Performance Report</p> <p>RM presented the report and advised it is the analysis of the February position. There is very little to highlight from an organisational health perspective. In terms of quality and safety, despite high levels of activity the Trust continues to provide high quality of care to patients. However, the ongoing challenges in relation to dementia screening and a decrease in the maternity friends and family test were noted. There are plans are in place to resolve these issues.</p> <p>In terms of access standards, the Trust finished the year at 90.09% for the ED 4 hour wait standard. This is a 4% drop compared to 2018/2019 but compares well with other trusts. For February and March there were no 52 week waiters. However, this will increase due to delays caused by the focus being on the Covid-19 incident. Further work is required in relation to cancer care.</p> <p>PR advised, from a finance perspective, Month 11 continued with the same narrative and components as has been seen YTD, these being increased activity and pay costs, continued non-recurrent delivery of Financial Improvement Programme (FIP), agency costs below ceiling, capital spend on plan and cash on plan.</p> <p>PR advised the financial reports were compiled pre-Covid-19 planning. At which point the Trust expected to achieve the control total at year end, assuming activity levels continued and non-recurrent actions could be taken. However, risks were introduced by the March Covid-19 planning activity. During March overall activity has been half the expected levels. In addition, there were two specific non-recurrent actions which the Trust planned to take but are now at risk due to Covid-19 planning. One of these actions was a change in how an accrual at year end is calculated in respect of outstanding annual leave. As leave has been cancelled, this changes the Trust's ability to deliver that. In addition the Trust has been reliant on the outcome of some contractual discussions which are now paused.</p> <p>JM advised guidance has been received in relation to which areas the Trust needs to continue to focus on and which are not required at this time in terms of overall performance. For example, A&E performance will continue to be monitored using the existing standards rather than moving to the new standards. This will provide focus for which parts of the SOF require monitoring.</p> <p>NG advised he had some detailed points in relation to access standards but would put these in writing for an answer to be provided in the future. In terms of finance, there is still some discussion within NHSI about how year end underlying performance is going to be assessed as clearly Covid-19 has affected the forecast.</p>		
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	<p>The Board of Directors AGREED any detailed questions, particularly in relation to the SOF, are to be sent via e-mail to Richard Mitchell and Shirley Higginbotham who will assess if an answer is required immediately or if the response can be given when the pressures associated with Covid-19 have subsided.</p> <p>The Board of Directors CONSIDERED the report.</p>		
17/546	STANDARD OPERATING PROCEDURE – VIRTUAL BOARD OF DIRECTORS MEETINGS		
3 mins	<p>SH presented the report, advising this is a holding paper in terms of business continuity for the governance forums. A more detailed paper will be prepared which will include points raised during this meeting, for example, the urgent decision making process. It was noted it would be useful to have questions prior to any Board of Directors meetings or sub-committee meetings which are held virtually.</p> <p>The NHSI letter which has been received will be included as this refers to reducing the burden and details the standards which will be suspended during the Covid-19 incident. Some of the transformation programmes will be identified in relation to preparing for exiting the current situation. EC is doing some work internally and across the system in relation to this.</p> <p>In terms of Freedom to Speak Up (FTSU), Jess Woodward - FTSU Guardian, will be on maternity leave from 1st June 2020. Afsana Aslam - FTSU Guardian at NUH, will join SFHFT for 2 days per week and will continue to work 3 days per week for NUH. It is hoped she can start as soon as possible to enable a handover with Jess.</p> <p>JM felt it important to document the balance between governance, Board of Directors responsibilities and dealing with the Covid-19 incident.</p> <p>TR queried what arrangements are in place in relation to the Council of Governors. SH advised information in relation to the governors will be included in the detailed paper. Currently all governor meetings, including the full Council of Governors meeting scheduled for May and Meet Your Governor sessions, have been stood down. The paper will be shared with the governors. JM advised the governors receive regular briefings and ways of inviting Sue Holmes - Lead Governor, and Ian Holden - Public Governor, to be present for virtual Public Board of Directors meetings are being investigated.</p> <p>Action</p> <ul style="list-style-type: none"> • Detailed Standard Operating Procedure for business continuity in respect of Trust governance forums to be circulated to the Board of Directors <p>The Board of Directors CONSIDERED the report.</p>	SH	16/04/20

17/547	DATA SECURITY PROTECTION TOOLKIT SUBMISSION		
1 min	<p>SH presented the report, advising the Audit and Assurance Committee have previously approved the submission of the Data Security Protection Toolkit. The Toolkit has been submitted and the Trust has fully met all 116 mandatory evidence items. PR advised the Trust has achieved 95% compliance for staff training.</p> <p>GW acknowledged the work of the team in preparing the submission.</p> <p>The Board of Directors APPROVED the Data Security Protection Toolkit Submission</p>		
17/548	ANNUAL SIGN OFF OF DECLARATIONS OF INTEREST		
1 min	<p>SH presented the report, advising Declaration of Interests is an annual requirement and the report reflects the work done during 2019/2020. The conflicts of interest register will be published on the Trust website and will include details of people who have registered an interest, people who have made nil declarations and, from this year, details of people who are non-compliant.</p> <p>For 2019/2020 only 36 people are non-compliant. It was noted the clinical chairs have engaged to help achieve this position. Given the situation with Covid-19, it was acknowledged it may take some time in 2020/2021 for people to complete their declarations.</p> <p>GW acknowledged the work which has gone into achieving the year end position.</p> <p>The Board of Directors APPROVED the annual Declarations of Interest report</p>		
17/549	ASSURANCE FROM SUB COMMITTEES		
6 mins	<p>Audit and Assurance Committee</p> <p>GW presented the report, advising the Committee approved the Internal Audit Plan but recognised it would be subject to change due to the Covid-19 incident.</p> <p>The Committee recommended a temporary change to the Scheme of Delegation to allow the Chief Operating Officer the same budgetary rights as the Chief Executive Officer and Chief Financial Officer in order to reduce any potential delays in approving necessary and appropriate spend with regard to the Covid-19 incident.</p> <p>The Board of Directors APPROVED a temporary amendment to the Scheme of Delegation to allow the Chief Operating Officer the same budgetary rights as the Chief Executive Officer and Chief Financial Officer</p>		

	<p>Finance Committee</p> <p>NG advised the Committee discussed the outturn for 2019/2020. It was noted there were two non-recurrent items which the Trust hoped to deliver, but this has not proved possible due to the Covid-19 incident. There is ongoing discussion within NHSI regarding how they are going to assess the true performance of the Trust for 2019/2020 due to the impact of Covid-19. The Trust has not met the control total for 2019/2020.</p> <p>It is likely there will be changes in contracting, reporting and cash management regimes as a result of Covid-19.</p> <p>Quality Committee</p> <p>BB presented the report, highlighting the mortality outlier status for fractured neck of femur (NOF) which was raised by the Board of Directors. The Committee received assurance regarding this and the team are doing a deep dive, part of which will be an external review to look at how the Trust deals with fractured NOF. Given the Covid-19 incident, it is likely the review will be delayed.</p> <p>There has been an increase in pressure ulcers but the Committee received the result of a deep dive which indicated these were mainly low grade. There are some learning points as the pressure ulcers were mainly related to plasters and care of patients who have had plaster applied.</p> <p>The Committee discussed the two risks which are allocated to the Quality Committee, namely PR1 - Catastrophic failure in standards of safety and care and PR2 – Demand that overwhelms capacity. The Committee recommends the likelihood score for both of these risks, and therefore, the overall risk score, is increased.</p> <p>People, OD and Culture Committee</p> <p>MG presented the report, expressing thanks to Rob Simcox - Deputy Director of HR, EC and CT noting they are having regular meetings to look at four themes, training, transferrable skills among admin and clerical staff, wellbeing support and recruitment. It was noted over 300 bank staff have been recruited. It is important to balance support for staff with service provision.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>17/550</p>	<p>COMMUNICATIONS TO WIDER ORGANISATION</p>		
<p>1 mins</p>	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Thank-you to staff, recognising the pressures and uncertainty being faced but also acknowledging the changes which have been implemented quickly • The Board of Directors have considered how managers can be given flexibility to respond quickly to Covid-19, while preserving governance processes 		

17/551	ANY OTHER BUSINESS		
1 min	No other business was raised.		
17/552	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 7th May 2020 at 11:30</p> <p>There being no further business the Chair declared the meeting closed at 12:20.</p>		
17/553	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>		