

**UN-CONFIRMED MINUTES** of a meeting of the Board of Directors held at 13:00 on  
Thursday 7<sup>th</sup> May 2020 in the Boardroom, King's Mill Hospital

<b>Present:</b>	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
	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	
<b>In Attendance:</b>	Sue Bradshaw	Minutes	
	Sue MacDonald	Recording	
	Jaki Taylor	Director of NHIS	JT
	Phil Harper	Associate Director of Strategy	PH
<b>Observer:</b>	Sue Holmes	Public Governor	
	Ian Holden	Public Governor	
	Roz Norman	Staff Governor	
<b>Apologies:</b>	None		

**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, except where indicated.**

Item No.	Item	Action	Date
<b>17/562</b>	<b>WELCOME</b>		
1 min	The meeting being quorate, JM declared the meeting open at 13:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders. 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 and three governors observed the meeting by video conference.		
<b>17/563</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	<p>JM declared his position as Independent Chair for the Derbyshire Sustainability and Transformation Partnership.</p> <p>RM declared his position as Executive Lead of the Mid Nottinghamshire Integrated Care Partnership (ICP), Executive Member of the Nottingham and Nottinghamshire Integrated Care System (ICS), Chair of the East Midlands Leadership Academy, Chair of the East Midlands Clinical Research Network and Chair of the East Midlands Cancer Alliance.</p> <p>CT Declared her position as Director of Human Resources for Nottinghamshire Healthcare.</p> <p>GW declared his position as Non - Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.</p> <p>PR declared his position as Director of Finance of the Nottingham and Nottinghamshire ICS.</p>		
<b>17/564</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	There were no apologies for absence.		
<b>17/565</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	<p>Following a review of the minutes of the Board of Directors meeting held on 2<sup>nd</sup> April 2020, the following amendment was identified:</p> <ul style="list-style-type: none"> <li>Item 17/549 – sub heading of Finance Committee, the last sentence of the first paragraph should read “The Trust is unlikely to meet the control total for 2019/2020”.</li> </ul> <p>The Board of Directors APPROVED the minutes as a true and accurate record, subject to this amendment being made</p>		
<b>17/566</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that actions 17/546 and 17/489.3 were complete and could be removed from the action tracker.		

	<p><i>Action 17/487</i> – DS advised a closer working relationship with NUH in relation to pathology is dependent on the ME2 Pathology Network relationship. There has been some discussion in relation to progressing a joint business case to ensure compatible technology is in place between the two organisations.</p> <p>RM advised the original plan was to present a joint paper to the Board of Directors meeting in April regarding the NUH Strategic Partnership, but it was not possible to do this. Further discussion is required outside of the meeting to agree how to progress the partnership.</p> <p>The Board of Directors agreed this action could be removed from the action tracker</p>		
<b>17/567</b>	<b>URGENT DECISIONS AND APPROVALS</b>		
1 mins	It was noted there were no additional items requiring an urgent decision or approval.		
<b>17/568</b>	<b>CHAIR'S REPORT</b>		
5 mins	<p>JM presented the report, acknowledging the last 6 weeks have been difficult due to the Covid-19 incident but the Trust has appeared very calm. JM expressed his thanks to staff who have worked under a lot of pressure and in some high risk situations, while not being at home to support their families. Thanks were also expressed to SB, JH and DS who have co-ordinated the Trust's response from a Board perspective. The incident has been well managed and to date the Trust has not encountered the worst case scenario imagined.</p> <p>The Trust has received the letter from NHS England (NHSE) and NHS Improvement (NHSI) about moving onto the next stage, which is likely to be more challenging, noting it is easy to stop services to focus on one thing, but it is more difficult to re-introduce services and get the balance right.</p> <p>A lot has been achieved in terms of transformation in the past 6 weeks and it is important not to lose the lessons learned from this. There is a need to think carefully as a Trust and as a system about the benefit from some of the lessons in terms of being more agile, doing things quickly, working together, etc. What has been achieved is testament to the leadership shown at all levels.</p> <p>Overall it has felt a 'strange' period and the Board of Directors has felt distant to the operational pressures. It is hoped this will soon change and the Board can engage more as we move forward.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>17/569</b>	<b>CHIEF EXECUTIVE'S REPORT</b>		
3 mins	RM presented the report, advising the final CQC report has been received and will be communicated within the organisation on 13 <sup>th</sup> May 2020 and externally on 14 <sup>th</sup> May 2020.		

	<p>The Single Oversight Framework (SOF) report reflects on Q4 and the year 2019/2020. There is a lot to be proud of in terms of progress made from a strategic, quality and engagement perspective, as well as access standards and finance, while recognising there have been many new faces to the organisation. RM expressed thanks to members of the Board of Directors for their support over the last 12 months, acknowledging this period of transition has gone well.</p> <p>The organisation and wider public sector are currently under pressure, but organisations which were relatively calm going into this period (Covid-19 incident) have been able to manage it effectively.</p> <p>MG felt it is important not to lose sight of what has been achieved over the last 12 months as this provides a solid foundation to tackle some of the challenges ahead.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p><b>17/570</b></p>	<p><b>COVID-19 UPDATE</b></p>		
<p>26 mins</p>	<p>RM presented the report, acknowledging there has been a lot of change recently due to the Covid-19 incident, including not holding a full Board of Directors meeting in April. However, the Trust has been able to communicate effectively throughout this process, including holding additional meetings with Non-Executive Directors (NEDs) via MS Teams to provide updates and assurance.</p> <p>RM advised the report details the various phases of the Trust's response to the Covid-19 incident. The first phase of preparation was triggered in January 2020 and a letter was received from NHSE and NHSI on 17<sup>th</sup> March 2020 detailing the actions the Trust was expected to take.</p> <p>Some of the governance changes which have taken place and the key actions and activities which have been put in place in response to the formal request from NHSE and NHSI are detailed in the report. Everyone has responded in a calm and supportive way. The graphs included in the report show low levels of Covid-19, a peak and then a drop off in terms of patients occupying a bed or critical care bed. As occupancy levels have decreased, the number of discharges has increased.</p> <p>The report details the expectations of the organisation issued by NHSE and NHSI in a letter which was received on 29<sup>th</sup> April 2020. While this letter is not as clear as the first letter and the framework is not as clear, it identifies a series of actions the Trust needs to take, either within the organisation or working with partners.</p> <p>Information on more recent changes to governance outlined in the report include the steps being taken in a planned way in relation to the re-introduction of elective care. The Trust may be able to reintroduce some elective surgery to Newark Hospital by the end of May 2020, which would be the first stage of restarting elective care.</p>		

The Trust acknowledges some of the anxieties, including access to PPE. However, through good planning, acknowledging the work of Bob Truswell - Strategic Head of Procurement, and his procurement team, SFHFT is not an organisation which has struggled with appropriate and timely access to PPE. However, it is acknowledged not everyone feels they have had sufficient PPE. In the last two weeks there has been a focus in relation to minority groups who are over represented in terms of deaths from Covid-19. The Trust has taken steps to respond appropriately to this and a letter is being issued to all Black, Asian and minority ethnic (BAME) colleagues.

The medico-legal aspects of the Covid-19 incident are recognised and it is acknowledged there is some anxiety in relation to this. ICU capacity is important and there is a need to protect ICU capacity for Covid-19 patients when all elective care restarts.

The experience of the Covid-19 incident has to be used as an opportunity to re-set the way the Trust conducts its business and also the thinking in the organisation and across the system. Within the organisation there is a clear framework in place to learn from the experience in an inclusive way and identify the activities which have been started and which will continue and activities which have stopped and will not re-start. It is likely to be more difficult to reach a shared understanding and agreement at a system level but the Trust needs to work with partners, particularly Nottinghamshire Healthcare, to try to influence some of those discussions.

The progress and change across the Trust over the last 8 weeks has been remarkable but it is recognised there is a level of tiredness across the organisation and the change which is required now to get to a more sustainable future state is greater than the process of change which we have been through. However, due to the culture in the Trust, its values and the fact that in general SFHFT is a calm organisation, the Trust is in a comparatively good position to make the transition.

SB advised the Trust reduced some services to free up capacity and by working with partners in a different framework it has been possible to discharge patients quickly, where it was medically safe to so. One consequence of lockdown is ED demand has reduced significantly. At the point of highest demand, ICU was operating at three times above usual capacity and this is the area which has been the most above capacity. There is a good plan in place for ICU going forward which will enable it to operate at this level again if necessary.

DS advised there has been a huge 'can do' attitude across the organisation. The majority of staff have not taken leave so there is a degree of tiredness among staff. There is a need to support staff and develop plans to ensure the Trust reaps the benefits from the changes which has been seen.

MG felt as the Trust moves into transition mode, there is a need to think about the public, particularly disadvantaged communities, in relation to ensuring they understand the hospitals can be accessed for key services. MG noted there have been reports in the press in relation to Do Not Resuscitate (DNR) orders being put in place for people with learning disabilities and queried if this has been an issue for the Trust.

	<p>CW left the meeting</p> <p>DS advised there has been some concern about whether patients are attending when they need to. There have been a number of communications issued in different ways to address this. The reduction in ED attends is a concern. The Trust has focused on maintaining the cancer pathway as far as possible but cancer referrals have reduced significantly.</p> <p>In terms of learning disabilities, the Trust uses the DNR ReSPECT form. There have been a series of consultations with primary care colleagues to ensure decisions about appropriate escalations of care have taken place with patients. If it is identified on admission the ReSPECT form has not been completed and the patient's clinical condition suggests this is appropriate, it would be a timely and appropriate discussion with them by senior clinicians. Harm events for Covid and non-Covid patients are being captured, the majority of which are likely to be captured retrospectively due to activity levels. There is a process in place to capture information and report to the Quality Committee.</p> <p>MG felt there is some concern some trusts are increasingly issuing DNR orders for patients with learning disabilities. DS acknowledged there has been a lot of criticism, a lot of which was primary care, as there was almost a blanket order to issue DNR orders. However, SFHFT has had some helpful and sensible discussions with GP colleagues in relation to this.</p> <p>RS advised over the last month the 'open for business' message has been a focus for the communications team, nationally, as a system and as a Trust. There has been some success in getting the message out through the media and social media. However, it is acknowledged there is a gap as the hardest to reach groups are unlikely to be following social media, etc. There have been discussions with Healthwatch in relation to this. MG felt housing association and district council colleagues could access social housing providers and this may be a useful approach.</p> <p>DS advised people in social deprivation and the various minority groups have been affected by Covid-19 in an unrepresentative way. There is a need to consider if there are any opportunities for strengthening the prevention agenda and population healthcare management.</p> <p>BB queried how the Trust is using its presence in the ICP to contribute to population health management as data will show who is not attending A&amp;E who might reasonably be expected to continue to have need. There will be cohorts of patients who will still have need.</p> <p>RM advised in terms of involving patients in the process so far and going forwards this has been discussed with Healthwatch. There has also been discussion at a meeting of the Incident Control Team (ICT) about involving governors and patients with some of decision making as service change is explained to patients.</p>		
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	<p>Thilan Bartholomeuz - local GP and Clinical Lead for the ICP, has been attending ICT meetings on a weekly basis and has been attending medical managers' meetings and has helped in shaping some of the thoughts from a public behaviour perspective. There are four clear workstreams in place as the organisation is re-set. One of which is led by David Ainsworth – CCG. Through work the Trust is doing or at ICP level, there is a piece of work which will be undertaken to look at some of the health management issues.</p> <p>RM acknowledged the work of EC and CT from an employee engagement and HR perspective which has underpinned the initial response and work being done as we move to a 'new normal'. RM also recognised the work of PR and his team for ensuring good governance is in place and for using the available money as an enabler for change.</p> <p>GW felt as the Trust and wider NHS goes through the transition period, the key thing is to satisfy the public Covid and non-Covid areas are separated. Things to consider are parking, moving around hospitals, separate entrances, separate staff changing, etc. There is a need to give the public confidence that it is 'safe' to attend hospital.</p> <p>JM noted there are 3-4 phases to move back to full operation and felt consideration has to be given to the role of the Board of Directors within this process. There is a need to learn from this experience in terms of more agile governance, etc. Some things may progress at pace, noting the suggestion by NHSI work in relation to urgent non-elective, cancer, outpatients, etc. is reintroduced over the next 6 weeks. As the Board of Directors will not be able to meet regularly to get assurance/provide governance on these types of decisions, more thought has to be given to how this is achieved.</p> <p>RM advised it is a fast moving environment and some of the messaging subsequent to the letter from NHISI being received has changed. The letter is a framework and some of the timelines are inappropriate. NHSI are looking for trusts to use the framework but giving the system and acute trusts the autonomy for determining what they can do safely and over what period of time.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Non-Executive Directors to be provided with further information regarding the role of the Board of Directors in supporting the recovery and restoration phase of the Covid-19 incident</b></li> </ul> <p>The Board of Directors were ASSURED by the report.</p>	RM	04/06/20
17/571	<b>CYBER AND COVID-19</b>		
10 min	<p>JT joined the meeting</p> <p>JT presented the report, advising this is in response to a letter which has been received from NHSE and NHSI identifying there is a higher risk of a cyber-attack during the Covid-19 incident as it provides the ideal distraction for malicious actors to exploit organisational vulnerabilities.</p>		

	<p>The letter sets out the actions NHSX is taking and asks each organisation to look at five key questions in relation to cyber security. The report provides the Trust's response to each of those questions from an organisational perspective.</p> <p>The first question relates to back-ups. There are secure back-ups in place which are not stored in the same place as the data. The Trust is ISO certified in terms of security and there are plans to hold the data off-site.</p> <p>The second question relates to applying security patches. There is ongoing monitoring of all patches in respect of Windows patches and anti-virus. In terms of Windows patches, desktops are 95.83% patched, which is a high percentage given it is likely a number of devices are not logged on due to staff working remotely. From a server perspective patching is 95.68%. In terms of anti-virus, desktops are 98.28% patched and server is 99.63%. Patching levels are continuously monitored.</p> <p>The third question is in relation to unsupported operating systems. There is extended support for all Windows 7 PCs, although there are not many of these left. There are 9 XP devices which the Trust is actively looking to replace. In relation to servers, there are 33 servers which are unsupported but some additional support has been purchased. There is a programme of ongoing work looking at replacing all unsupported operating systems.</p> <p>The fourth question relates to Advanced Threat Protection (ATP). 98% of estate has ATP.</p> <p>The fifth question is if the Trust could onboard quickly to NHS Secure Boundary. While this is possible the belief is this functionality is already in place. This is being investigated.</p> <p>TR queried if the introduction of MS Teams has put any additional stress on the Trust from a cyber security perspective. JT confirmed this is not an issue.</p> <p>PR noted there are more devices connected to the system now and queried if assurance could be provided that those devices are patched. JT advised they are included in the stats and get patched as they connect to the network. Devices which are not patched are either not connected or there has been some sort of issue, in which case a manual extension is put in place to find out why. Any old devices which have had Windows 10 added are checked before they are issued to users.</p> <p>JT advised there is an update in the paper in relation to Covid-19 digital initiatives. A number of different actions have been taken and JT advised it has been useful to be part of the ICT. NHIS have been able to respond in a timely way.</p>		
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	<p>Examples of initiatives include supporting colleagues to work from home, providing capability for ITU to communicate with relatives of Covid-19 patients, setting up video consultations, which is being piloted in three specialties with rollout to all specialities planned by the end of May 2020, and providing iPads to non-Covid-19 patients to enable them to keep in contact with friends and relatives. In addition, video conferencing equipment has been set up in a number of areas to support social distancing. Nervecentre is now live in ICU and there is a flag in Nervecentre to identify patients who have been tested for Covid-19 and are identified as Covid-19 positive.</p> <p>NG noted over 8,000 accounts have had VPN connections added and queried if this has increased the security risk. JT advised this has not introduced an additional security risk. Logging onto VPN requires a two level authentication.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>JT left the meeting</p>		
<p><b>17/572</b></p>	<p><b>PAUSED SERVICES</b></p>		
<p>2 min</p>	<p>JH presented the report, advising the home births service was suspended on 6<sup>th</sup> April 2020. This was initially due to staffing issues and East Midlands Ambulance Service (EMAS) then indicated they were not able to respond to an emergency situation. EMAS has since confirmed they are able to respond in an emergency. However, due to staffing the service cannot be restarted until the beginning of June 2020.</p> <p>The termination of pregnancy service has been paused. JH clarified this relates to women who are requesting a termination on social rather than medical grounds. There are two other providers who are continuing to provide this service. Therefore, women still have a choice of provider.</p> <p>The Quality Impact Assessments (QIA) for both these services have been reviewed by the Quality Committee who are supportive of the decision to pause.</p> <p>BB confirmed the QIAs were given due consideration by the Quality Committee and the Committee is supportive of the proposals.</p> <p>The Board of Directors RATIFIED the decision of the Quality Committee to pause the Home Birth Service and Termination of Pregnancy Service</p>		
<p><b>17/573</b></p>	<p><b>SINGLE OVERSIGHT FRAMEWORK QUARTERLY PERFORMANCE REPORT</b></p>		
<p>39 min</p>	<p><b>ORGANISATIONAL HEALTH</b></p> <p>CT advised performance in Q4 was as expected, with the exception of March 2020 when the impact of Covid-19 became evident. The main reason for the increase in absence from work related to the impact of Covid-19 with staff off due to being symptomatic or due to precautionary measures. At the peak, which was on 31<sup>st</sup> March 2020, the combined absence was 659 staff. As of today (7<sup>th</sup> May 2020) the figure is 261.</p>		

There are no exceptions to report relating to turnover, either in terms of the number of staff leaving or the reasons identified. There has been an increase in the number of people 'on boarded'. The Trust proactively recruited new staff in anticipation of expected staffing levels required to respond to the Covid-19 incident. 210 staff started in March, with a further 219 recruited who are awaiting start dates.

In terms of support services, particularly occupational health, there has been an increase in demand for that service which has continued to run all the core activities. The team have been dealing with an additional 800 enquiries per month which shows the level of anxiety among staff and staff seeking advice about their ability to work. The Trust has supported the requirements of staff testing well and in a timely way.

Work has been done to support staff with particular vulnerabilities, staff who are shielding and BAME colleagues. The risk assessment process is being reviewed to provide a stratified risk assessment process which identifies where staff may be at high risk for a particular reason and to ensure the Trust can respond accordingly. An equalities impact assessment is being prepared for presentation to the People, OD and Culture Committee.

EC advised extensive work has been done in relation to self-care and the wellbeing strategy, paying attention to the current needs of colleagues and looking ahead to what needs there will be in the future. Things on offer to staff include 1:1s, team times, virtual sessions and specific safe places across the organisation.

From a PMO and improvement perspective, there needs to be a wraparound process and governance which will help the Trust move forward into recovery and reset in a timely manner. During the recovery stage it is important to take the learning from the Covid-19 incident at various levels. For example, work is starting during week commencing 11<sup>th</sup> May 2020 looking at how leadership styles and behaviours have changed.

JM felt there is a need to recognise staff are tired and may be traumatised by their recent experiences. Thought needs to be given to how the Trust moves back to a comprehensive service and the pace of this.

RM advised there are colleagues who have been at home for various reasons and thought needs to be given to their return to work, recognising there may be resentment involved in that, both from people who have been at work and who have not been at work. This needs to be managed carefully and appropriately. Additionally, there are people whose work involved them being on site five days per week until mid-March 2020 and who may not return to working on site five days per week.

**QUALITY**

DS advised there are two indicators showing as red. One of these is the dementia screening case finding question. There has been a slight increase and Nervecentre is being introduced into ED week commencing 11<sup>th</sup> May 2020 which will help improve this further.

	<p>The maternity friends and family test was paused as part of the response to Covid-19. An alternative way of capturing information by text messaging has been implemented and is due to go live soon.</p> <p>There has been a slight increase in hospital standardised mortality ratio (HSMR) but this has now reduced to a more usual level. The reasons for the increase are being explored with Dr Foster. A positive action resulting from the Covid-19 incident is the establishment of an end of life ward. Going forward the Trust will establish a palliative care ward which will help with coding and may have significant impact on HSMR.</p> <p>JH advised there has been a reduction in the number of complaints.</p> <p>BB requested a report in relation to HSMR be presented to the Quality Committee.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Report to be presented to Quality Committee regarding reasons for increase in hospital standardised mortality ratio (HSMR)</b></li> </ul> <p><b>OPERATIONAL</b></p> <p>SB advised the ED 4 hour wait standard was 87.7% for March 2020, ranking SFHFT 16<sup>th</sup> of 117 trusts nationally. Performance for the year 2019/2020 was 90%, which was slightly below trajectory but given there has been an 18% growth in demand over the last two years this is a good performance.</p> <p>During April 2020 there was been a 40% drop in majors and 55% drop in minors attendances. There has been a discussion at the A&amp;E Delivery Board about some pieces of work in relation to this and how to take this forward. One of the aspects to consider is if a process has been changed due to Covid-19, can this change be kept in place safely to ensure patients are getting to the right place for treatment. Ways of influencing behaviour to enable patients to self-treat or receive treatment elsewhere need to be considered, alongside influencing behaviour to ensure patients come to hospital if this is appropriate. Given demand has been key in relation to ED performance, there are things to build on going forward. Capacity efficiency remained good during March 2020 in terms of length of stay, how many patients were treated via ambulatory care, etc.</p> <p>NG noted nearly 4,500 additional emergency patients were treated during 2019/2020 and there was a 10% growth in non-elective admissions. The Trust needs to consider how it will cope when the demand returns as that will be a challenge for the Trust and the system. The Drivers of Demand work yielded some benefits but there has to be a detailed look across the system to work out how demand can be reduced. NG queried how the Trust can 'lock in' performance in relation to 21 day stay patients to improve flow through the organisation.</p>	<p>DS</p>	<p>20/05/20</p>
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SB advised there are fewer longer stay patients as there are fewer patients overall in the organisation. The national system of how patients leave hospital to go to another care provider has changed during the Covid-19 incident, for example certain paperwork does not require completion for a patient to get a package of care. This may continue but national guidance is awaited. Changes have been made to the 'back door' and partners are committed to that but there is a need to ensure capacity is available outside the Trust.

DS advised the risk benefit of long stay patients being in hospital may have altered and there may be a change in the push to move patients on as care homes are an area where there is currently significant concern.

JM noted in the past the concern was the number of people attending A&E but this may have swung too far the other way. The question is how to retain some of the behaviours being displayed by the public in relation to the choices they are making but for it to be done safely.

SB advised performance for cancer care was 76% for February, which was lower than the revised trajectory. The key challenge remains as diagnostics and this is a key risk area in terms of the Trust's recovery. Whilst the Trust has continued to treat a lot of cancer patients throughout the Covid-19 incident, some of the diagnostic elements of the pathway have not taken place for infection control reasons, endoscopy being the main area. The number of patients on the cancer pathway remains the same as it was pre-Covid but there is a recognition primary care have not referred as many patients to the Trust on the 2 week wait pathway as usual. There is a need to gain an understanding of that risk and if those patients will be referred. Priorities within the restore phase are endoscopy and imaging.

In terms of elective care, diagnostics has always performed well but performance fell to 93.8% in March from the usual position of 99%. All this reduction was in the last two weeks of March, demonstrating how a loss of a small part of capacity can have an impact on a service. It will take a long time to recover.

There were no 52 week waiters at year end, a position which was maintained throughout 2019/2020. Referral to Treatment (RTT) performance was 86% for the quarter. Waiting lists have grown over the last couple of months, during the Covid-19 incident, by 1,500 patients. This is against the backdrop of patients not being referred by primary care in huge numbers. There needs to be a clear plan in place to deal with this. Recovery will take a long time and it needs to be done properly.

GW queried if there were many patients getting towards waiting 52 weeks, given services have been on hold and if there is a plan in place to maintain performance. SB advised there is a risk patients will go over 52 weeks as patients are being treated based on their clinical priority. However, if they have been waiting 52 weeks their clinical priority may increase. Currently only urgent and emergency patients are being treated. While patients may breach 52 weeks, it is important not to distort clinical priority.

MG noted the cancer pathway is shared with NUH and queried if the Trust escalates issues to the ICS if the reason for a pathway blockage sits with a third party. SB advised the ICS is involved as cancer is viewed as Nottinghamshire-wide due to the number of patients who move between organisations on the cancer care pathway. This has been discussed at ICS capacity meetings and NUH have moved some of their cancer capacity to the independent sector.

DS advised as the system comes out of the Covid-19 incident, regional discussions and supporting each organisation to develop the best possible way will increase.

NG noted the number of patients who have gone past the 62 day limit for cancer has increased from 45 on 10<sup>th</sup> March 2020 to 95 on 21<sup>st</sup> April 2020 and queried if the reason for the increase is based on clinical advice or patient choice to not attend hospital due to the Covid-19 situation. In terms of individual tumour sites, there appears to be an issue in all sites, except breast and skin. More work is required to get performance back on track. SB advised, in terms of the growth in patients waiting over 62 days, all patients who are waiting for cancer treatment are being assessed by individual clinicians to decide who gets treated first. 62 days is an arbitrary line in terms of cancer care as some tumours are time dependent while others have a lower risk associated with a longer wait. Clinicians will take a view when prioritising patients.

DS advised national guidance was issued relating to ensuring patients waiting were either paused or maintained on their pathway.

SB advised there is a need to strengthen diagnostic capacity. It has been agreed an additional MRI scanner will be obtained. There is a need for improved endoscopy capacity utilisation. There may be a tighter demand profile in terms of patients being referred on 2 week wait. 1,000 endoscopies usually find only 5 cancers. Patients are being referred in but the risk is low. Primary care may refer patients on a slower pathway, rather than using the 2 week wait. There is a need to carry on with plans to increase diagnostic capacity.

**FINANCE**

PR advised the Trust started Q4 on plan, although due to the ICS forecast of non-achievement of the system control total, the Trust did not expect to be in receipt of full Provider Sustainability Funding (PSF). SFHFT ended Q4, and the year 2019/2020, on plan and has achieved the control total. The system control total has also been achieved. This has resulted in full achievement of PSF, Financial Recovery Funding (FRF) and Marginal Rate Emergency Tariff (MRET).

The Trust's deficit at year end is £42.3m before non-recurrent income sources. This is £820k adverse to the original plan and the control total. There was an improvement of £460k in March 2020. In March 2020, the Trust incurred additional expenditure of £1m in respect of the response to the Covid-19 incident. This has been reimbursed in full through the NHSI process. £840k eligibility cover has also been received, which effectively means the control total has been adjusted by this amount.

	<p>Therefore, the control total for the year has been achieved. The eligibility cover is in respect of recording annual leave in the year end accounts. Therefore, when non-recurrent income sources are taken into account, the deficit at year end is £15.9m. There is no bonus PSF or FRF due to the Trust at this year end.</p> <p>A contributory factor for achieving the control total is due to the negotiations with commissioners. CCGs have reimbursed the Trust as per the Month 11 forecast, rather than Month 12 actual outturn which demonstrated reductions in activity due to Covid-19. This enabled the Trust to maintain income above plan.</p> <p>Pay costs remained above plan, although the agency target was achieved, ending the year £3.8m below the NHSI ceiling. The financial improvement plan (FIP) of £12.8m was achieved, although £8.1m of this is non-recurrent in nature (63%). The Trust ended the year £650k below plan for capital, this included further expenditure due to the Covid-19 incident of £285k which was reimbursed via NHSI. Cash holdings were £920k above plan at year end, which is within treasury rules.</p> <p>SFHFT ended the year in a recurrent underlying position of £12.1m worse than plan. A different financial regime is in place through the Covid-19 period and ways to address the underlying deficit will be considered when the Covid-19 regime ends.</p> <p>NG advised 2020/2021 planning is suspended due to the Covid-19 incident and funding for the Trust is assured until the end of July 2020. It is not yet clear what will happen after this date.</p> <p>JM noted it has been a successful year and this should be recognised. The Trust has hit many of the targets and where this is not the case, SFHFT is one of the better performing trusts. However, there will be challenges in 2020/2021. The Covid-19 incident has presented some difficult issues which will need to be thought through over the next few months.</p> <p>The Board of Directors CONSIDERED the report.</p>		
<p><b>17/574</b></p>	<p><b>BOARD ASSURANCE FRAMEWORK (BAF)</b></p>		
<p>3 min</p>	<p>RM presented the report advising all the principal risks have been discussed by the relevant sub-committees. The changes and amendments which have been made are highlighted in the report.</p> <p>NG noted changes to the BAF were discussed at the Board of Directors workshop in January. NG advised his understanding was this would be referred back to the sub-committees who manage the risks. The risk rating has changed but this was not referred back to the Finance Committee. However, other committees have reviewed the risk ratings. NG felt any changes made at a workshop need to be documented and communicated.</p>		

	<p>SH advised the BAF was changed in line with the recommendations from the workshop and should then have been presented to the sub-committees for consideration and final approval. PR acknowledged the action required by the Finance Committee was not fully described in the cover sheet when the report was presented.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework</p>		
<p><b>17/575</b></p>	<p><b>DIGITAL STRATEGY</b></p>		
<p>15 min</p>	<p>PH joined the meeting</p> <p>DS advised a draft of the digital strategy was presented to the Board of Directors in March 2020. The document incorporates reflections on what has happened since the Covid-19 incident. The terms 'clinically led' and 'clinically implemented' are given strong emphasis. It is important for front line clinicians to be leading the digital strategy.</p> <p>PH advised the document incorporates feedback from the Board of Directors, digital strategy group and others. A two page version has been designed which is accessible to a broader audience. The final full version of the strategy will be supplemented by a patient and clinician introduction.</p> <p>RM sought clarification if the document has been shared with NHSX. PH advised an earlier version was shared but no feedback was received. Throughout the process the Trust referred back to the best practice document which NHSX shared. The Trust's document reflects key elements of the best practice document.</p> <p>CW re-joined meeting</p> <p>TR queried if there was any risk of being unable to invest in the strategy. DS advised the Trust has tried to harness people's ideas, aspirations and desires, wrap that into a plan and then wrap the finance around it, rather than the other way around which is more constrained. Digital technology is key enabler to the organisation and will need to be invested in but there is a need to work within the constraints of capital planning. Rather than having business cases which describe how an individual project delivers a certain percentage saving, it is better to have a strategy to develop the organisation with the resulting benefits being reinvested as part of the process.</p> <p>TR felt it could be demoralising if the strategy fails due to lack of resources. PH advised the next stage is to cost up the strategy, working on the financial elements. The experience throughout the Covid-19 incident has strengthened the case for investment in digital technology. Coupled with the suggestion from NHSX that SFHFT are well placed to participate in one of the future programmes, which will have some funding attached, means the Trust is in a better situation now than a couple of months ago.</p>		

	<p>DS advised a strength of the strategy is that it is being developed as a partnership with a particular company, which is the same company who have links with Leicester and Nottingham. The Trust is trying to develop relationships.</p> <p>MG queried what the measures of success are, particularly in relation to patients being able to connect digitally, the inclusion agenda, accessibility, etc. and where does the system link into this. DS advised the Trust is trying to ensure this strategy aligns with the ICS digital strategy.</p> <p>PH advised there are milestones in the strategy and a broad set of outcomes are described on the summary sheet. Measures of success and specific outcomes will be defined for individual projects. This will be an evolving process. In relation to digital inclusion, programmes are being run across the ICS which go out to the community to provide hands on help which people can access. The Trust will need to tap into that.</p> <p>The Board of Directors APPROVED the Digital Strategy</p> <p>PH left the meeting</p>		
<b>17/576</b>	<b>PERINATAL MORTALITY REVIEW TOOL</b>		
1 min	<p>JH advised the report provides an update on Year 3 of the NHS Resolutions standards for maternity in relation to Safety Action 1 where all qualifying cases have to be subject to a perinatal mortality review. During Q1 (20<sup>th</sup> December 2019 to 31<sup>st</sup> March 2020) there were four cases, which have been reviewed locally but cannot be closed until the post mortem results are available and placental histology reporting is complete. The local reviews show no care or service delivery problems.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>17/577</b>	<b>CORPORATE AND FINANCIAL GOVERNANCE</b>		
4 min	<p>SH advised the Trust received a letter from NHSI on 28<sup>th</sup> March 2020 regarding reducing the burden and releasing capacity. The report provides assurance in relation to the Trust's response to this guidance. There is no need to cancel meetings but there is a need to think of different ways of facilitating them (i.e. through the use of MS Teams). There is a need to look at agenda items which have been deferred and consider how these can be brought back in a timely manner. The Board of Directors meeting in June Board will be held in full and via MS Teams. There is a need to consider how to engage with governors as their meetings were stood down. A briefing for governors, which will be streamed using MS Teams, is planned for week commencing 11<sup>th</sup> May 2020.</p> <p>Moving forward, the Trust needs to optimise the use of MS Teams and do as much as possible outside of meetings, whilst ensuring governance processes are adhered to.</p>		



	<p>PR advised guidance has been issued by Healthcare Financial Management Association (HFMA) in terms of the finance regime which requires robust governance processes to be in place during the Covid-19 incident. Although the speed of decision making has been improved, the Trust has not relaxed any of the governance processes related to the Scheme of Delegation or Standing Financial Instructions.</p> <p>JM felt the report provides a clear statement about how the Trust has tried to operate over the last 6 weeks. There is now a need to look forward and align the governance changes as we move through the next phase. A discussion will be held during week commencing 11<sup>th</sup> May 2020 in relation to re-engaging with the governors. Thought needs to be given to how to 'gear back up' governance but in a way which is more streamlined and agile than it was in the past.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>17/578</b>	<b>ASSURANCE FROM SUB COMMITTEES</b>		
3 mins	<p><b>Audit and Assurance Committee</b></p> <p>GW presented the report, advising things are moving forward from an external audit perspective. The Committee looked at the draft accounts and the auditors are fully engaged. It was acknowledged the process is slightly delayed.</p> <p>The draft Head of Internal Audit opinion is likely to be Significant Assurance. The Committee are continually looking at the internal audit plan for 2020/2021 and adjusting as necessary. Currently the focus is on areas which have no clinical impact.</p> <p><b>Finance Committee</b></p> <p>NG presented the report, advising the Committee approved a business case for an integrated operating theatre which will now be subject to the NHSI approval process.</p> <p>The committee approved a switch to a new supplier for the telephone support and maintenance contract following a tender process and detailed evaluation of the cost and quality offered by the tendering parties.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>17/579</b>	<b>COMMUNITY SUPPORT MARCH/APRIL 2020</b>		
3 min	<p>SH presented the report advising the Trust has received fantastic support from the local community during the Covid-19 incident. The report records all donations which have been received via the Community Hub at King's Mill Hospital and Newark Hospital. Other donations have gone direct to ED and other areas. Over 300 donations have been received. The Trust is now trying to encouraging people who want to show their support to donate cash to Charitable Funds. There have been lots of ongoing fundraising activities, with over 30 events raising funds for the organisation, including a virtual pet show, fitness fundraising, etc.</p>		

	<p>There have been lots of donations of PPE from local companies and anything which was surplus to requirements has been shared with community colleagues, care homes, etc.</p> <p>TR acknowledged the work of Tracey Brassington - Community Involvement Manager, and her team in dealing with the large amount of donations received. There are learning opportunities to take forward in relation to generating the community to be supportive. It is important to open out links to engage with the community.</p> <p>JM queried if thank-you letters are being sent to people who have donated. SH confirmed letters are being sent.</p> <p>RM felt it important to acknowledge the support provided by Morrisons.</p> <p>TR suggested a display of photographs of different divisions / departments with a thank-you message be put on display at Morrisons.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>17/580</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
1 mins	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> <li>• Reflect on the Covid-19 incident, including the efforts from staff, moving forward as far as possible and important lessons learned about the way of working</li> <li>• Recognise the support received from the local community during the Covid-19 incident, acknowledging the work of the Community Involvement Team</li> <li>• End of March performance</li> <li>• Digital strategy, highlighting the benefits for staff and patients</li> </ul>		
<b>17/581</b>	<b>ANY OTHER BUSINESS</b>		
1 min	<p><b>Freedom to Speak Up (FTSU) Guardian</b></p> <p>SH advised Afsana Aslam has joined the Trust to cover while Jess Woodward is on maternity leave, which starts on 1<sup>st</sup> June 2020. Afsana and Jess have had a good handover and are using the time to develop the FTSU strategy which will be presented to the Board of Directors in August, following its presentation to the People, OD and Culture Committee.</p>		
<b>17/582</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 4<sup>th</sup> June 2020.</p> <p>There being no further business the Chair declared the meeting closed at 14:55.</p>		

17/583	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald</p> <p><b>Chair</b> <span style="float: right;"><b>Date</b></span></p>		

17/584	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
min	No questions were raised		