

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 13:00 on  
Thursday 4<sup>th</sup> June 2020 in the Boardroom, King's Mill Hospital

<b>Present:</b>	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
	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

<b>Observer:</b>	Sue Holmes	Public Governor
	Ian Holden	Public Governor
	Brian Bacon	Public Governor
	Valerie Bacon	Public Governor
	Philip Marsh	Public Governor
	Kevin Stewart	Public Governor
	Cllr David Walters	Appointed Governor
	Cllr Craig Whitby	Appointed Governor
	Ben Clarke	Staff Governor
	Roz Norman	Staff Governor
	Joanne Lewis-Hodgkinson	
	Anita Jackson	
	Sarah Stones	
	Charlotte McIntyre	

**Apologies:** None

**The meeting was held in person and 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
<b>17/596</b>	<b>WELCOME</b>		
1 min	<p>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.</p> <p>Noting that due to the circumstances with regard to Covid-19 and social distancing compliance the meeting was held in person via video conferencing, and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website, and the public were asked to submit questions prior to the meeting, in addition ten governors observed the meeting by video conference and were able to ask questions at the end of the meeting.</p>		
<b>17/597</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>PR declared his position as Director of Finance of the Nottingham and Nottinghamshire ICS.</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>		
<b>17/598</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	There were no apologies for absence.		
<b>17/599</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 7<sup>th</sup> May 2020, the following amendment was identified:</p> <ul style="list-style-type: none"> <li>Item 17/570 – paragraph 15, second sentence should read “DS acknowledged the concern raised in the national press in relation to this issue but this is not the case at SFHFT”</li> </ul> <p>The Board of Directors APPROVED the minutes as a true and accurate record, subject to this amendment being made</p>		

<b>17/600</b>	<b>MATTERS ARISING/ACTION LOG</b>		
3 min	<p>The Board of Directors noted there were a number of actions on the action tracker which have been delayed due to the Covid-19 incident. These actions will be reviewed with the relevant executive lead to agree a timescale for completion.</p> <p>The Board of Directors AGREED that actions 17/394, 17/570 and 17/573 were complete and could be removed from the action tracker.</p> <p>Action 17/363.6 – DS advised five component pathways of the ICS Clinical Services Strategy have been delivered. There are more in development which have been delayed due to the Covid-19 incident. The plan is for the ICS Clinical Services Strategy to be presented to a Board of Directors workshop. No significant progress has been made in the last 3 months due to the Covid-19 incident. RM advised the next four review services are due to be completed by the end of July 2020, for publication in August 2020.</p>		
<b>17/601</b>	<b>URGENT DECISIONS AND APPROVALS</b>		
1 mins	<p><b>Restart of Home Births Service</b></p> <p>JH advised the Home Births Service was suspended in April 2020 based on workforce loss in community midwifery in excess of 30%. The suspension was in line with Royal College of Obstetricians and Gynaecologists (RCOG) guidance. Workforce loss has now reduced to 25%. Therefore, in line with national guidance, the Trust should be offering a restricted service. The Quality Committee supported the recommendation to operate a restricted service from 1<sup>st</sup> June 2020.</p> <p>By 29<sup>th</sup> June 2020, the workforce loss will be below 20%. Therefore, the proposal is to re-instate a full service by 29<sup>th</sup> June 2020. The suspension of the service has affected a very small number of women to date.</p> <p>The Board of Directors APPROVED the introduction of a restricted Home Births Service from 1<sup>st</sup> June 2020 and for a full service to be re-instated by 29<sup>th</sup> June 2020.</p>		
<b>17/602</b>	<b>CHAIR'S REPORT</b>		
4 mins	<p>JM presented the report, noting Covid-19 will exist for some time, making planning for the recovery phase difficult. There will be an impact on theatre productivity due to the need to thoroughly clean theatres between patients. There is a gradual recognition at national level that it will not be easy to reinstate services. The Phase 3 letter from NHS Improvement (NHSI) is expected mid-June. This will need to be considered when thinking how the Trust moves forward and plans for the next few months. A Phase 4 letter is likely to be received in the Autumn.</p> <p>JM formally recognised the outcome of the CQC inspection and expressed thanks to all Trust staff who have put in a huge amount of work. The result is a good step forward for the organisation.</p>		

	<p>JM noted the reports in the press in relation to the impact of Covid-19 within the Black, Asian and Minority Ethnic (BAME) community. JM noted the equality and diversity report is on the agenda for this meeting and felt there is a need to think about staff and the population the Trust serves who are in vulnerable groups. This is important work and is one of the few areas which the CQC identified as an area for improvement.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p><b>17/603</b></p>	<p><b>CHIEF EXECUTIVE'S REPORT</b></p>		
<p>7 mins</p>	<p>RM presented the report, advising the Trust should feel pleased with the outcome of the CQC inspection. SFHFT has received positive recognition across the NHS, local authorities and beyond. The Trust has three hospitals which patients and colleagues can feel proud of and can feel safe to work and receive care in. However, SFHFT is not a complacent organisation and while the CQC report has been well received, it is viewed as a framework for further improvement.</p> <p>The Covid-19 incident is currently taking up a lot of time and energy. Staff are tired and the future challenges are likely to be greater than the time the Trust and wider NHS has just been through. SFHFT has been identified as one of two organisations across the East Midlands which have stepped up research trials. Research is one of the ways of recovering from Covid-19 and it is important the Trust continues to play a role. SFHFT has a strong research programme. In 2019/2020 the Trust had more patients enrolled on trials than some of the teaching hospitals in the East Midlands.</p> <p>The new version of the Single Oversight Framework (SOF) will be presented to this meeting. RM expressed thanks to colleagues involved in its formation. This is more strategic in tone, noting the role of the Board of Directors is not to go into the detail, but empower committees to pick up on the detail. There is a recognition the elective, diagnostic and cancer waiting lists have changed in shape and size and there are risks associated with this. The Trust has continued to provide cancer services throughout the Covid-19 incident. It is recognised productivity has dropped over the last 10 weeks. Increasing productivity is unlikely to take place in future months. The Trust is working towards clear prioritisations to bring services back on line. A letter has been sent to patients and an open letter has been shared with the media acknowledging the Trust's position and actions being taken.</p> <p>In relation to workforce race equality, the Trust has made excellent progress but there is more which can be done to have a truly inclusive culture. Now is time for action, not just for the workforce but for patients and the public.</p> <p>System working continues and RM acknowledged this takes up a lot of time and energy for himself and others. Discussions are taking place across wider public services throughout the country. The Phase 3 letter will hopefully provide national guidance in relation to expectations and where the locus of control will sit.</p>		

	<p>There is a need to recruit to vacant posts and there are approximately ten senior leadership positions across the organisation, mainly through vacancies or retirements. The Trust is going through the process of recruiting to those posts. JH recruited a Head of Nursing for Medicine on 1<sup>st</sup> June 2020 and EC is interviewing for an Associate Director of Transformation on 5<sup>th</sup> June 2020.</p> <p>The Trust is hoping to use the opportunity of current positive news stories as way of attempting to fill some of the medical vacancies which are difficult to recruit to. There are 39 difficult to fill posts and success will be if in excess of 20 of those are recruited to.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p><b>17/604</b></p>	<p><b>COVID-19 UPDATE</b></p>		
<p>33 mins</p>	<p>RM presented the report, noting the Trust has gone through the period of increased activity in terms of Covid-19 admissions and patients on ITU with Covid-19. A reduction in that activity is being seen and the Trust is now in the second phase of the NHS response for Covid-19. The organisation is ensuring transactional things are in place, focusing on wellbeing and emotional support for staff. Thought is being given to how services can be restored and reset. There is a need to progress with care and caution. Throughout the Covid-19 incident, a series of fortnightly calls have been held with the non-executive directors (NEDs) to provide update on the detail of the Trust's response.</p> <p>SB felt the Trust is not quite in recovery, but is in the restoration period. Services which were paused or were operated with reduced capacity are being restarted. There are 50 restoration plans within divisional services which need to be reviewed; 41 of those are complete. The Incident Control Team (ICT) takes the decision to restore services and has signed off 21 services. Prioritisation is in relation to more urgent services, particularly cancer services. However, there are constraints within that, productivity being a key area due to the need to take enhanced infection control measures and the requirements in relation to PPE and swab testing of patients.</p> <p>The Trust has worked on cross cutting plans, ensuring sufficient PPE is in place to restart services. To date systems are working and the Trust is restoring more systems week on week. The aim is to have restored most services by the end of June 2020. Waiting times will be longer for quite a few services and the recovery element will be to reduce waiting times for patients. The Trust will need to continue this work with the risk and potential for future Covid-19 surges. It is important to build a system where services are not disrupted unnecessarily by any future Covid-19 surges.</p> <p>JH advised, together with DS, she has been considering the quality and safety of services, looking at the mechanisms which are in place to have an oversight in relation to quality of care and safety of patients who are in hospital. JH advised she has good oversight of patients' experience and any harm which has occurred.</p>		

<p>DS advised there is increasing concern about the Trust's patients and a series of processes has been established to capture 'harm', not just to patients who have Covid-19 but primarily for patients who have not had Covid-19 but have come to some harm due to services being paused or reduced. This is a difficult process which may take a number of years and there is a need to have a clinical review of what is happening to patients on waiting lists, both in the organisation and the system.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Report to be presented to Board of Directors outlining the Trust's approach to identifying and capturing potential harm to non-Covid-19 patients caused by pausing services due to the Covid-19 incident</b></li> </ul> <p>EC advised the focus for the current phase has been listening, understanding and learning from Covid-19 over the last 2-3 months and engaging with and supporting colleagues during this challenging time. There are numerous actions in train, for example virtual sessions with individuals, strengthening the wellbeing and welfare offer and learning from individuals who have either been on standby, working at home or shielding. There is a need to consider how to reconnect with colleagues who have not been onsite and how to learn from colleagues about the impact of Covid-19 on people. The current strategy and approach will be reviewed and refined in terms of needs going forward. Psychological safety is a key element for colleagues and patients and there is a need to consider what will make colleagues feel safe to provide, and be on site to deliver, services. This will be the same for patients. This is the current focus to allow the organisation to move forward into Phase 3.</p> <p>CT advised a lot is known now which was not known at the start of the Covid-19 incident, but there are still a lot of unknowns. Uncertainty affects people's resilience and this needs to be constantly monitored. People are tired, physically and psychologically. The Trust has been supporting staff and encouraging staff to take their annual leave. However, questions are being asked about what this means as we approach the main summer holiday period and work is ongoing with staff in relation to this. Encouragingly there has been an increased uptake of annual leave in May as people had delayed leave in the early days of the incident.</p> <p>Activity in occupational health has been high for 12 weeks, with double the number of enquiries than are normally received. Additional resource has been put into occupational health to cope with this. Risk assessment processes have been evolving and changing to ensure they align to national guidance. They are in the process of being updating again in terms of content and the way they will be carried out. Everyone will be given the opportunity for a confidential and separate risk assessment. Some follow up queries to the HR support line and occupational health have been received in response to the letter which was sent out from RM to all BAME members of staff. The Trust has responded to further questions raised via staff forums.</p> <p>PR advised in terms of finance, the Trust is awaiting the next phase letter to understand the financial regimes.</p>	<p>DS</p>	<p>02/07/20</p>
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RS advised the Trust is taking a different approach to communication as we move through Phase 2. Phase 1 was reactive on a day to day basis but the organisation is now communicating, internally and externally, in relation to restoring service, ensuring there is clear and consistent messaging. The Trust is working with system partners in relation to this.

Additionally, the Trust is trying to celebrate some of the good news stories, for example, patient stories, innovations which have been introduced, etc.

SH advised some concerns have been raised through Freedom to Speak Up (FTSU) in relation to Covid-19 and staffing. These have all been dealt with. Jess Woodward - FTSU Guardian, is now on maternity leave and Afsana Aslam will be covering while Jess is off. Afsana is in the process of reconnecting with the FTSU Champions.

CW queried how the national rollout of test and trace might affect the Trust's ability to deliver services. In relation to capturing potential harm to patients, CW acknowledged it may not be possible to track that harm as patients will not 'want to bother' any of the services, whether at an acute or primary care level, simply because they will understand the whole system is under pressure as a result of the delays. Harm may not be evident for some time. CW queried how the Trust can get the message to patients not to delay and ignore things they are concerned about but feel frightened, in one way or another, to come forward.

CT advised, in terms of test and trace, the Trust is waiting for further national guidance. It will apply to healthcare workers but will not apply where people have been wearing the appropriate PPE. As lockdown is being eased and behaviours are changing, people have different levels of complacency which are starting to set in. There is a need to be clear about how and where people work and not to come in unnecessarily. There is also a need to reinforce issues around social distancing. In terms of capacity issues, work is ongoing. The initial surge plans included what would happen if staffing levels reduced by 10%, 15% or 20%. These plans need to be revisited. The Trust has recruited additional capacity onto the bank. The aim is to have a flexible workforce with the ability to bring people in at short notice. However, this potentially puts in place a dynamic which could be difficult to manage 'in the moment'.

SB advised plans are in place in relation to how to run services with 30% fewer colleagues. The risk in relation to test and trace is it could decimate an area and more work is required to fully understand the risk; hopefully the national guidance will help. DS advised the Trust has been contacted by the test and trace system in relation to patients being treated but they were satisfied once they understood the appropriate PPE was in place. Test and trace will primarily have an effect where people who are in contact with Covid-19 outside of work. In relation to delayed harm, this will have a 'long tail'. There is a need to have a strong focus on potential harm.

<p>MG queried if the Trust will put a transition framework in place to capture the key things being considered as part of the recovery phase. In relation to the BAME workforce, MG noted a lot of guidance has been received and sought clarification if the new risk assessment was in place.</p> <p>EC advised the process for learning from Covid-19 is at a personal and professional level, incorporating the incident debrief and winter debrief. There is a detailed process and framework in place for learning from Covid-19 which will run until the end of June 2020. This involves engagement and interactive sessions with divisions, both clinical and non-clinical, staff networks, such as BAME, LGBT, etc. and professional groups. This will provide rich information to allow the Trust to safely and effectively move into Phase 3. The process will identify things which worked well at an operational level, where things did not go well and where there are particular risks, issues or concerns. This will help to reform and reset.</p> <p>JM noted this is still work in progress and will evolve but requested the framework for recovery be discussed at the Board of Directors workshop scheduled for 18<sup>th</sup> June 2020.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Framework for recovery to be discussed at Board Workshop in June</b></li> </ul> <p>MG queried if the Trust was planning for different scenarios and what assurance could be taken from that. RM advised there was a thought provoking session for senior managers with colleagues from the Army on 2<sup>nd</sup> June 2020 which started to test out some of the assumptions.</p> <p>CT advised in terms of risk assessments, the Trust has taken on board feedback from staff networks in relation to the process for and content of risk assessments. This has been sense checked with the latest national guidance. The revised process and assessment will be issued week commencing 8<sup>th</sup> June 2020.</p> <p>TR felt there was an opportunity for the Trust to look forward and be proactive in the recovery and queried what has been learnt from colleagues within the system in relation to, for example, rehousing or providing accommodation for the homeless, people who have health inequalities, etc. Who is pulling this work together and how can SFHFT influence that going forward. RM advised the Trust is currently working in three spaces. There is the SFHFT dynamics, being actively involved in leading the mid-Nottinghamshire ICP and the wider work across the ICS. In terms of wider system working across Nottingham and Nottinghamshire, the CCG have taken the lead. A number of cells have been established looking at different aspects. The Trust is working on trying to shape that. There has been a lot of positive improvement and one of the key factors driving that is organisations have been informed money must not be a problem. There is a need to spend wisely but anything which is spent will be refunded. Covid-19 has been a single issue which all have focussed on. It is unclear if those factors will continue over the coming months. Therefore, it cannot be assumed the progress made over the last 12 weeks will be extended.</p>	<p>SB</p>	<p>18/06/20</p>
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	<p>TR felt there is a need to find a way of continuing the positives which have come out of the Covid-19 incident and queried who is linking in with transport networks, housing, education, etc.</p> <p>JM advised the Trust is linking in with the local resilience forums, which involves local authorities and other organisations and is co-ordinated through the councils. There is a need to think how the Trust can build on some of those new partnerships which will be partly through the ICS but partly through other forums. JM queried if there is a structure diagram which shows local resilience forums and the wider system resilience framework. RM advised this will be circulated to members of the Board of Directors.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Circulate structure diagram showing local resilience forums to members of the Board of Directors</b></li> </ul> <p>The Board of Directors were ASSURED by the report</p>	<p>RM</p>	<p>02/07/20</p>
<p>17/605</p>	<p><b>STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE</b></p>		
<p>14 mins</p>	<p><b>Equality and Diversity Annual Report and Workforce Race Equality Standard Report</b></p> <p>CT presented the reports, advising the Equality and Diversity Annual Report sets out the Trust’s responsibilities under the Equality Act and Equality Delivery System and details how the Trust has responded. In terms of SFHFT’s public duty under the Equality Delivery System (EDS), we are on EDS2 and moving towards EDS3. Therefore, there will be a further look at how the Trust demonstrates compliance. This is being done as the Nottinghamshire system which has stepped forward to be a pilot. As a pilot, we will benefit from expert input and this will help with the strategic approach to equalities.</p> <p>The report highlights the progress which has been made. The Trust has paid a lot of attention to training and raising awareness, with a particular focus on hate crime. One thing to be proud of as an organisation and system is the Stepping Up programme for BAME staff. This has stalled due to the Covid-19 incident but ways of bringing this back on line are being investigated. There have been a number of successful diversity events held throughout the year. The Trust held its first Pride event in 2019 and will be participating in the Nottinghamshire Pride virtual event taking place in July 2020.</p> <p>Partnership events held in 2019 were run in conjunction with staff side colleagues and with resources donated by trade unions. There are three diversity support networks, disability staff network (We’re Able aNd Disabled), Lesbian, Gay, Bisexual and Transgender (LGBT) and BAME colleagues. These networks have resumed virtually. While there is a lot to be proud of, it is acknowledged there is more work to do.</p>		

	<p>In relation to the Workforce Race Equality Standard Report (WRES), this is a retrospective look back at the nine WRES indicators.</p> <p>With reference to the first action, in relation to recruitment, CT advised the detail of this is contained in a supplementary report which sets out the overall targets to increase the number of BAME members of staff in Bands 8a and above. The Trust is on target in terms of the trajectory. It is important to pay attention to WRES and the objectives which have been set in relation to improving the experience and opportunities for BAME members of staff in the organisation. The WRES information for 2020, together with the Workforce Disability Equality Standard information, was postponed due to the Covid-19 incident. This will now be published and will be with the Trust in the next 6 weeks.</p> <p>BB noted a patient equality and diversity group has recently been developed and queried what progress has been made in relation to this. The Trust, as a service provider, has a responsibility to patients as well as a responsibility to staff. While the BAME group is important, health inequalities does not just cover that group. JH acknowledged there is more work to do in relation to this. There are two posts which are currently being recruited to, Head of Patient Experience and Assistant Chief Nurse, whose portfolio will include equality for patients. An update report will be presented to the Quality Committee when the post holders take up their roles.</p> <p>BB noted the workforce Equality, Diversity and Inclusivity (EDI) group currently reports to the People, Culture and Improvement Committee and queried if all the equality and diversity agenda feeds through that committee. JM advised there is a need to consider where this agenda feeds into.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Update to be provided to the Quality Committee in relation to patient equality and diversity when Head of Patient Experience and Assistant Chief Nurse are in post</b></li> <li>• <b>Confirm reporting route for the equality and diversity agenda</b></li> </ul> <p>NG noted performance in relation to indicators KF25, KF26 and KF21 (bullying, harassment and equal opportunities) in the WRES report has deteriorated in 2018/2019, compared to 2017/2018 and queried if targets have been set in order to measure improvement. CT advised there has been no discussion about setting targets. However, the Trust would want to see an improvement which better aligns with the overall experience of staff members for staff members in 'different' groups.</p> <p>MG queried if any work had been undertaken looking at the triangulation of information with the staff survey results as it is known there are pockets of persistent bullying / harassment and cliques. MG felt there are good foundations in place with the EDI groups which have been set up and but sought clarification regarding the Trust's strategic intent in relation to equalities and queried who is the executive lead for patient equalities.</p>	<p>JH</p> <p>SH</p>	<p>TBC</p> <p>02/07/20</p>
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<p>7 mins</p>	<p>RM advised JH is the executive lead for patient equalities. The other points raised should be picked up through the sub committees as the Board of Directors need to maintain a strategic response. JM felt the Board of Directors need the high level information with the detail to be discussed at the sub committee meetings.</p> <p>TR queried if there were any surprises in the report. TR felt it would be useful for the cover sheets of future reports to state what has been learnt and what will be done in the future. CT advised she was aware of things which had happened, i.e. events, training, etc. In terms of some of the more negative experiences, particularly in relation to workforce, CT advised she wasn't surprised in the sense it relates to this organisation as this is consistent with a lot of other organisations. This reinforces that strategically and operationally this is a priority for SFHFT.</p> <p>JM acknowledged there is a need to think about staff and the public / patients and the Trust need to be clear how to move forward.</p> <p>The Board of Directors RECEIVED and were ASSURED by the Equality and Diversity Annual Report and Workforce Race Equality Standard Report</p> <p><b>Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 monthly report</b></p> <p>JH presented the report, advising the report details the outcome of the 2019/2020 establishment review. The approach to this has been refreshed and the Safer Nursing Care Tool (SNCT) principles or relevant evidence based tool principles were used. This has been triangulated with clinical outcomes, applied professional judgment and benchmarked care hours per patient day for each ward / department which has been reviewed. The detailed outcomes for each ward / department are included as an appendix to the report.</p> <p>The review recommends an uplift of 15.27 whole time equivalents (WTE) positions in the overall Nursing and Midwifery establishments. The majority of these will be established via variable pay budgets which are already within ward based budgets; it will not change any run rate. The proposal is to recruit to some of the posts substantively rather than use temporary staffing.</p> <p>There are three areas of service development which are within the Urgent and Emergency Care Division. The nursing recommendations in relation to these have been reviewed and the investment required will go through the business planning process. The appendix to the report details compliance with workforce safeguards from NHSI. SFHFT is fully compliant with all but three of the recommendations. These are partially compliant and the Trust will be fully compliant with these by the time of the next bi-annual update.</p> <p>JH confirmed she and DS are satisfied with the outcome of the reviews and staffing is safe, effective and sustainable.</p>		
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	<p>BB acknowledged the progress made in relation to AHPs and queried when an equivalent paper in relation to the medical workforce will be presented to the Board of Directors. DS advised development papers have been presented to the Board of Directors but this has been stood down due to the Covid-19 incident.</p> <p>BB felt it would be useful to bring together nursing, AHP and medical workforce to invite further informed discussion about other aspects of workforce development.</p> <p>CT advised in terms of the strategic workforce plan, the detail will be reported to the People, Culture and Improvement Committee</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Medical staffing report to be presented to Quality Committee in July and Board of Directors in August 2020</b></li> <li>• <b>Strategic Workforce Plan to be presented to People, Culture and Improvement Committee</b></li> </ul> <p>JM asked JH if there are any areas of particular concern. JH advised she was concerned during the planning process for the Covid-19 critical care surge. If the Trust is faced with a situation of lots of peaks of activity, the critical care plan will need further work.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>DS</p> <p>CT</p>	<p>06/08/20</p> <p>27/07/20</p>
<p>17/606</p>	<p><b>EXTENSION OF CLOSURE OF UCC OVERNIGHT</b></p>		
<p>3 mins</p>	<p>SB presented the report, advising on 2<sup>nd</sup> April 2020 the Board of Directors approved the decision to temporarily close Newark Urgent Care Centre (UCC) overnight. This was mainly due to staffing resilience and the risks associated with absenteeism of appropriately skilled doctors to be able to cover both ED and the UCC. The proposal is to continue and extend the pause of services for a further 6 months as the risk in relation to staffing is still present and could increase due to the potential implications of test and trace.</p> <p>RM advised no negative comments associated with the decision to close the UCC overnight have been received from patients or others. Elective surgery is being reinstated at Newark Hospital and this is part of the key for unlocking the organisation. This will be made easier by continuing with the closure of the UCC. DS advised there have been no incidents of harm caused by the overnight closure.</p> <p>GW queried the period of the extension. SB advised while the proposal is to extend the overnight closure for 6 months, this is subject to review in 3 months' time.</p> <p>The Board of Directors APPROVED the overnight closure of the UCC be extended for 6 months, with a review in 3 months</p>		

17/607	<p><b>SINGLE OVERSIGHT FRAMEWORK MONTHLY PERFORMANCE REPORT</b></p>		
17 min	<p><b>PEOPLE AND CULTURE</b></p> <p>CT highlighted the absence rates and contributory factors in relation to Covid-19. There has been a significant decrease in essential training and appraisals. This is being brought back on line but it will take a few months to catch up. This situation is predictable and not unforeseen.</p> <p>EC advised in relation to access to the health, wellbeing and welfare offer, there have been a lot of interactions. A monthly dashboard has been set up in relation to access to and effectiveness of the offer.</p> <p>JM noted staff are tired but also proud of what has been achieved during the Covid-19 incident. However, they are concerned about what is coming. The next period is one of greater uncertainty and people are apprehensive. RM advised clarity has been provided in relation to the limited issues where there is clarity. There are areas where it is acknowledged more information is required to understand the issue and in those circumstances the Trust has acknowledged staff's concerns and advised more information will be provided when it is available.</p> <p><b>QUALITY CARE</b></p> <p>JH advised there was strong performance in Month 1. There are two exceptions, one of these being the friends and family test for maternity which is currently stood down. Due to Covid-19 all collection of information on paper and iPads, which are passed from patient to patient, has been suspended. Text / SMS messaging has recently been introduced. The low response rate has affected the recommendation rating.</p> <p>The other exception relates to the dementia case finding question. The Band 3 HCA, who had been based in clinical areas supporting the documentation of this on Nervecentre, was stood down due to restricting the number of people in clinical areas. Nervecentre is now implemented in ED and, therefore, there should be an improvement in that metric.</p> <p>DS advised the implementation of Nervecentre into ED has gone well. The only area which has not got Nervecentre is maternity. However, the team have requested it be implemented in that area. Once complete, Nervecentre will be implemented 9 months ahead of schedule.</p> <p>JM felt Nervecentre is an important step forward and felt it would be useful for all members of the Board of Directors to have sight of it.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Members of the Board of Directors to have sight of Nervecentre</b></li> </ul>	DS	05/11/20

**TIMELY CARE**

SB advised this is the first month where reported information has been impacted by Covid-19, leading to some adverse variances. The standards which have been measured against are taken from the draft annual operating plan which was prepared before the Covid-19 incident. Therefore, it is currently difficult to assess how the Trust is performing.

Performance in relation to the ED 4 hour wait standard was strong, largely driven by reduced demand. This was 96% for April and will be 97% for May. Key work in relation to this is system demand management and there will be a demand management cell across Nottinghamshire which will focus on how to embed process changes in relation to demand management. Admissions of people aged 70 and over have returned to pre-Covid-19 levels. There is a need to understand why younger patients are not attending ED.

In relation to cancer care, waiting times and the backlog on PTL are growing. As services are restored the expectation is for this to stabilise but it will not reduce immediately. A plan of how to reduce it will need to be developed. Before Covid-19 there was a lot of risk in the diagnostic phase of the cancer pathway and insufficient diagnostic capacity to keep pace with demand. Endoscopy is a key diagnostic service on the cancer pathway and productivity in this area is adversely affected by enhanced infection control procedures which are in place as they are mainly aerosol generating procedures. There is a need to assess the impact of this and put a capacity plan in place.

In relation to elective care, the Trust started the year with no patients waiting over 52 weeks. There are currently 15 patients who have been waiting over 52 weeks due to paused services relating to Covid-19. The number of patients waiting over 52 weeks will increase and waiting lists have grown by 3,000. As services are restored, waiting times will stabilise but there is a need to understand the national guidance and what the Trust can do in terms of recovery capacity to address waiting times.

JM noted there has been a focus on reducing the longest waiting times and queried if there is a need to revisit the extent to which the Trust balances clinical priority with longest waiting times. DS advised there is a need to get a deeper understanding of the waiting list. It has been assumed 52 weeks equals harm and a harm review is completed. However, as the waiting list grows, sight of its contents reduces.

JM acknowledged during the Covid-19 incident some people did not attend A&E who should have done so, but also people come to A&E who do not need to. Recently patients have been accessing primary care in different way. JM queried how the Trust can work with partners to try to embed some of the positive changes so people access the appropriate healthcare provider. SB advised there is a Nottinghamshire wide approach to understand why patients did not attend A&E. There is a piece of work looking at primary care in mid-Nottinghamshire in relation to how primary care do and do not use the hospital in appropriate ways which is also looking at communications for the public to readdress the balance of risk.



	<p><b>BEST VALUE CARE</b></p> <p>PR advised there has been a substantial change to the NHS financial regime in order to ensure the NHS responds appropriately to the Covid-19 incident. Income is received on a block basis on a value computed by NHSI and the Trust retrospectively reclaims the costs incurred in respect of Covid-19 with the expected outcome of achieving break even position at each month end. This is what is reported for April 2020.</p> <p>Part of the change of the financial regime was to bring forward block contract payments which are pre-paid on a monthly basis; this is the reason why the cash holding at the end of April 2020 is over £25m. This represents May's block income. The pre-payment is to facilitate early payment to suppliers. In March 2020 settlement to creditors' terms was 35 days. This reduced to circa 7 days in May 2020.</p> <p>NG noted other income is £1.4m short of the budget, querying the source of this budget and why it is not covered by the block contract. PR advised this is covered by the true up payment. Budgets for block contract, top up and other income were computed by NHSI based on last year's run rates and their assumptions about the Trust's other income sources outside of CCGs. NHSI have made the assumption SFHFT would be recovering nearly £3.8m of other income outside of commissioner income. When the figures were issued the Trust informed NHSI we felt it was an incorrect assumption and we would fall short of income requirements because of that. The Trust has been informed there will be an opportunity to review the figures but in the meantime the true up payment of retrospective claims would pick up any shortfalls.</p> <p>NG queried if this is the reason why other income fell below the estimate. PR advised the NHSI estimate was incorrect.</p> <p>The Board of Directors CONSIDERED the report.</p>		
<p><b>17/608</b></p>	<p><b>CANCER – IMPROVEMENT SUPPORT TEAM (IST) REPORT</b></p>		
<p>3 mins</p>	<p>SB presented the report, advising it was delayed due to the Covid-19 incident. The Improvement Support Team (IST) visited the Trust in November 2019 and February 2020 to look at cancer processes across a number of domains but not the demand and capacity issues. The Trust is in agreement with the content of the report. There are good recommendations for where processes need to be improved internally. The Trust accepts these recommendations, which will start to be implemented over the next month as cancer services are restored and recovered.</p> <p>The report does not deal with, nor were the team asked to deal with, the biggest risk around cancer services which is diagnostic capacity and the Trust's ability to diagnose cancer within 28 days. This will be a real challenge through the recovery phase and there is a need to revisit the radiology strategy.</p>		

	<p>JM noted the report provides assurance but does not add to the actions the Trust is taking. There is a need to revisit the report in light of the implications highlighted in the SOF. SB advised the report provides pointers on where process can be improved but this will not transform performance to a different level.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>17/609</b>	<b>FIT AND PROPER PERSON</b>		
1 min	<p>SH presented the report, advising the CQC Regulation 5, Fit and Proper Persons requirement, applies to all directors. A review of the personal files of all directors noted the evidence required to meet the requirements.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>17/610</b>	<b>ASSURANCE FROM SUB COMMITTEES</b>		
11 mins	<p><b>Quality Committee</b></p> <p>BB presented the report, highlighting the work which is underway to address the 'must do' actions arising from the recent CQC inspection report. The Committee discussed the risk management arrangements associated with fragile services, noting services which are classed as fragile will fluctuate with time and circumstances.</p> <p>The Committee received assurance in relation to the progress made in relation to the infection control agenda. As the guidance in relation to infection prevention and control continues to emerge and refine, particularly in the context of Covid-19, this is an area to watch.</p> <p>The issue of raised Hospital Standardised Mortality Ratio (HSMR) was discussed and there are four areas of concern. The Committee were assured by the deep dive work which is underway to look at those in more detail. This will be fed back to the Quality Committee once the work is complete.</p> <p>It was noted the meeting was the last one for Elaine Jeffers - Deputy Director of Governance and Quality Improvement, who will be leaving the Trust in mid-June 2020. The amount of support, advice and guidance she has given to the Committee was acknowledged.</p> <p>CW left the meeting</p> <p>TR acknowledged the work of Elaine Jeffers, advising she was instrumental in reshaping how the Quality Committee would function when the Trust was going through past challenging times. RM noted Elaine and many other people have been instrumental in the progress the Trust has made over the last 6 years. On behalf of the Board of Directors, RM thanked the wider organisation for the work in response so far to Covid-19 and the outcome of the CQC inspection.</p>		

	<p>MG noted, in relation to the diabetes services, there are challenges within the consultant workforce and sought further information on this. DS advised this is due to staffing levels as there are some long standing vacancies and long standing sickness absence.</p> <p>JM Noted the work being done in relation to HSMR. DS advised none of the changes have flagged up to the CQC. There are alerts created which provides the opportunity to do the work and investigate what is happening in the four categories. One of these is fractured neck of femur, which is undergoing an external review. Two others are gastroenterology alcohol related liver disease and gastro intestinal haemorrhage. A deep dive is being undertaken to look at these issues. The issue relating to lower respiratory disease may be coding issue and this is being investigated.</p> <p><b>People, Culture and Improvement Committee</b></p> <p>MG presented the report, advising the Trust has received a Gold Achievement award from RoSPA (Royal Society for the Prevention of Accidents) for its health and safety performance during 2019. The Committee looked at risk levels and felt they remained the same, although the Committee did consider some additional primary controls, particularly in relation to the challenges of recruitment and retention.</p> <p>The Committee are starting to look at the People, Culture and Improvement strategy, noting the national People Strategy is on hold due to Covid-19. Executive colleagues shared a presentation on the emerging People, Culture and Improvement strategy and assurance was received on areas which need to be developed. The Committee discussed different themes and how to ensure interdependency between them. The strategy will be discussed further at a Committee workshop in September 2020.</p> <p>The Committee received a detailed and comprehensive report in relation to Nursing, Midwifery and AHP Safe Staffing. This provided detailed assurance.</p> <p>The Committee were assured by a report on Covid-19 and workforce issues, noting agility in relation to workforce management during this time has been impressive.</p> <p>The Board of Directors were ASSURED by the report</p>		
17/611	<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>• Thank-you to staff for their work whilst recognising there is uncertainty about the future</li> <li>• BAME and diversity agenda</li> <li>• Covid-19 and restoration</li> <li>• Impact of Covid-19 on elective work, cancer, etc.</li> <li>• Potential harm to non-Covid-19 patients</li> <li>• Research agenda</li> </ul>		

17/612	<b>ANY OTHER BUSINESS</b>		
1 min	No other business was raised		
17/613	<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 2<sup>nd</sup> July 2020, in the Boardroom, King's Mill Hospital at 13:00.</p> <p>There being no further business the Chair declared the meeting closed at 14:55.</p>		
17/614	<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></p> <p style="text-align: right;"><b>Date</b></p>		

17/615	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
1 min	<p>Ben Clarke – Staff Governor, asked if the Trust was maximising colleagues being able to work from home and the beneficial effects in relation to office and car parking space. RM advised Phil Harper - Associate Director of Strategy, is leading a piece of work in relation to this. A detailed report is due to be presented to the ICT on 5<sup>th</sup> June 2020. One of the ways of working the Trust wants to evolve over the coming months is ensuring people can effectively work from home. The days of all staff being on site 5 days per week are behind us.</p> <p>Sue Holmes – Public Governor, requested thanks be sent to staff from the governors. This was responded to outside the meeting.</p>		