

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 1st October 2020 in the Boardroom, King's Mill Hospital

Present:	John MacDonald	Chair	JM
	Tim Reddish	Non-Executive Director	TR
	Graham Ward	Non-Executive Director	GW
	Neal Gossage	Non-Executive Director	NG
	Barbara Brady	Non-Executive Director	BB
	Manjeet Gill	Non-Executive Director	MG
	Claire Ward	Non-Executive Director	CW
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer & Deputy Chief Executive	PR
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Simon Barton	Chief Operating Officer	SB
	Julie Hogg	Chief Nurse	JH
	Emma Challans	Director of Culture and Improvement	EC
	David Selwyn	Medical Director	DS
Clare Teeney	Director of People	CT	
Robin Smith	Acting Head of Communications	RS	
In Attendance:	Sue Bradshaw	Minutes	
	Afsana Aslam	FTSU Guardian	AA
	Elizabeth Gemmill	Research and Innovation Director	EG
Observer:	Sue Holmes	Lead Governor	
	Philip Marsh	Public Governor	
	Kevin Stewart	Public Governor	
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
17/727	WELCOME		
1 min	<p>The meeting being quorate, JM declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>Noting that due to the circumstances with regard to Covid-19 and social distancing compliance, the meeting was held 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, three governors observed the meeting by video conference and were able to ask questions at the end of the meeting. All participants confirmed they were able to hear each other.</p>		
17/728	DECLARATIONS OF INTEREST		
1 min	<p>JM declared his position as Independent Chair for the Derbyshire Sustainability and Transformation Partnership.</p> <p>RM declared his position as Executive Lead of the Mid Nottinghamshire Integrated Care Partnership (ICP), Executive Member of the Nottingham and Nottinghamshire Integrated Care System (ICS), Chair of the East Midlands Leadership Academy, Chair of the East Midlands Clinical Research Network and Chair of the East Midlands Cancer Alliance.</p> <p>PR declared his position as Director of Finance of the Nottingham and Nottinghamshire ICS.</p> <p>SH declared her position as Director of Corporate Affairs for Nottinghamshire Healthcare.</p> <p>CT declared her position as Director of Human Resources for Nottinghamshire Healthcare.</p> <p>GW declared his position as Non-Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.</p> <p>BB declared her position as Director of Operations (East Midlands) for Public Health England.</p>		
17/729	APOLOGIES FOR ABSENCE		
1 min	There were no apologies for absence.		
17/730	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting held on 3 rd September 2020, the Board of Directors APPROVED the minutes as a true and accurate record.		

17/731	MATTERS ARISING/ACTION LOG		
2 min	<p>The Board of Directors AGREED that actions 17/607, 17/645, 17/676, 17/679, 17/705.1, 17/705.2 and 17/705.3 were complete and could be removed from the action tracker.</p> <p>Action 17/708.3 – SB advised 146 patients chose to delay their cancer pathway progression in some way, giving Covid as the reason for doing so (this could also include patients who were shielding).</p> <p>JM queried if there is anything further which can be done in terms of communication to encourage patients to attend the hospital. RS advised a lot has been done in terms of communication to the public / patients and this needs to continue. RM advised a second public Q&A session will be held at the end of October, specifically in terms of cancer care.</p> <p>The Board of Directors AGREED this action was complete and could be removed from the action tracker.</p>		
17/732	CHAIR'S REPORT		
4 min	<p>JM presented the report, advising the Trust, like the rest of the country, is waiting to see what develops in terms of Covid, given the increase in infection rates. However, work is continuing to restore services, planning for Winter, etc. There will be a need for the Trust to remain agile.</p> <p>JM noted the Finance Team have been awarded the Health Service Journal (HSJ) Value Awards, Finance Team of the Year, thanks to their Future-Focused-Finance initiative. JM asked for his and the Board of Directors' congratulations to be passed to the team.</p> <p>The Staff Excellence Awards will be held in November, albeit in a different format to previous year. RS advised the event will be held virtually but innovative ideas have been put forward to make the experience as close as possible to the live event so hopefully colleagues will feel as rewarded as in previous years. It is hoped funding will be available for nominees to have a takeaway meal at home so they can get dressed up, have a meal and a drink before the winners of the awards are announced.</p> <p>JM advised the Trust continues to be successful in terms of consultant recruitment in what is a very competitive market.</p> <p>The Board of Directors were ASSURED by the report.</p>		
17/733	CHIEF EXECUTIVE'S REPORT		
13 mins	<p>RM presented the report and advised following a review of infection, prevention and control measures, as of 1st October 2020 staff are required to wear a surgical mask at all times if they are sharing space with other colleagues, including where social distancing measures are in place. This applies to all areas of the hospital, including non-clinical areas, and is due to levels of Covid increasing across the NHS, community and within the Trust.</p>		

RM advised the Trust's response to the Phase 3 letter in terms of governance arrangements is included in the report. There are a number of specific actions which map into pre-existing executive committees and Board sub committees. Each action has an executive lead. The Phase 3 letter draws attention to the requirements to provide care to specific groups of patients this Winter, particularly cancer patients, patients on the urgent and emergency pathway and patients who have been waiting for a long period of time. There are 23 providers across the Midlands and SFHFT is in the top 3 in terms of the response to cancer services and for the reintroduction of elective admissions. Good progress is being made in relation to the timeliness of emergency care and SFHFT continues to be the top performer in the Midlands.

The Trust has been asked by the University of Nottingham to support them in developing an in house testing service, specifically designed to tackle asymptomatic transmission amongst students and staff. There has been a lot of attention on universities and SFHFT is pleased to help colleagues there.

There have been recent discussions across the ICS, ICP and Trust about the responsibility to support the rollout of a Covid vaccine later in the year. SFHFT, as lead provider, will have a clear responsibility to support widespread vaccination of residents and the wider community if and when a vaccine is available. The flu vaccination campaign has started well with 40% of front line colleagues being vaccinated within the first 5 days.

October is Black History Month and Freedom to Speak Up (FTSU) month. RM advised he has been invited to take part in a debate at the forthcoming HSJ provider summit in relation to recognising White privilege and the steps being taken by RM personally and the Trust to ensure SFHFT has an inclusive and diverse culture.

The Trust has been working with Nottinghamshire Healthcare in relation to strengthening the integrated care offer available to patients and residents. Further details regarding this will be communicated in the coming weeks. JM and RM had a positive meeting on 30th September 2020 with colleagues from Nottingham University Hospitals (NUH) about recognising the services the organisations share. There is more work to do collectively over the coming months to strengthen both organisations.

Brexit is fast approaching and the Brexit planning meetings have restarted. These are held fortnightly and are chaired by RM. Colleagues have a good level of understanding in place to ensure the Trust can continue to provide safe services, irrespective of what may happen in relation to Brexit.

Orthopaedic surgery has been reintroduced at Newark Hospital for the first time in 7 years. This is an enabler for further strengthening of the service provision at Newark Hospital.

	<p>The AGM was held virtually on 28th September 2020, with over 40 people watching the broadcast. There was an opportunity to reflect on the many successes in the year 2019/2020 while being clear about the direction for the coming 12 months.</p> <p>JM noted not all colleagues are on site and queried what action is being taken to help staff not on site access a flu vaccination. In addition, if people are vaccinated elsewhere, is this information captured. JH advised there is a process in place to capture people who have the vaccine at their GP as every year some colleagues will have the vaccine elsewhere. There are good communications in place and line managers will be having regular check-ins with people working from home, which is an opportunity to remind staff to have the vaccine. CT advised only a small proportion of staff are completely home based.</p> <p>RM advised the Trust currently has insufficient vaccine to vaccinate everyone. Therefore, the priority is colleagues who are caring for patients on a day to day basis. Given they will be caring for patients, those colleagues will be on site and, therefore, it will be easier for them to receive the vaccination.</p> <p>CW sought clarification in relation to the Covid testing arrangements for patients going to Newark Hospital for surgery in order to keep Newark, as far as possible, a Covid 'safe zone'. SB advised patients are tested three days prior to admission and are tested again on admission. Every inpatient is tested every week. There are currently no issues with capacity to maintain this regime. DS advised the process the Trust has in place is in accordance with National Institute for Health and Care Excellence (NICE) guidance.</p> <p>JM felt the links between the Phase 3 letter and the governance arrangements are clear. Further discussion is required between the relevant subcommittee chairs and the executive lead to ensure these links are effective.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>17/734</p>	<p>STRATEGIC PRIORITY 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING</p>		
<p>28 mins</p>	<p>Freedom to Speak Up (FTSU)</p> <p>AA joined the meeting</p> <p>AA presented the report, advising this is a snapshot of concerns raised and does not encapsulate all the issues. There has been a reduction in the number of concerns raised since the start of the Covid-19 pandemic. While there were more cases in Q1 of 2020/2021 compared to Q1 of 2019/2020, the number of cases is reducing. This is the same pattern nationally.</p> <p>21 concerns were raised in Q1, 13 of which were linked to Covid with many of these connected to the support which is being wrapped around vulnerable groups, style of leadership, staff safety in terms of usage of PPE, infection control, etc. Concerns were raised by people in vulnerable groups, particularly staff who were pregnant, as they were seeking clarity on policy and processes.</p>		

There has been a reduction in the number of concerns raised during August and September and the reason for this is not clear. During Covid there was a reduction in concerns related to attitude and behaviour (cultural and leadership issues), but as people are getting used to the 'new normal' these cases are increasing.

While staff are more open about raising concerns, there remains a lack of confidence and trust in the organisation. Staff are still approaching the guardian confidentially. There have been two cases where the staff member remained anonymous to the guardian as well as the organisation and 27 cases which are anonymous to the organisation.

Currently there are three open cases. These are linked to individual employment cases rather than patient safety. Themes by division are identified in the report. Medicine Division stands out but this is typical of all organisations.

In terms of learning opportunities, the most recent FTSU index report indicates the Trust continues to improve the speaking up culture. However, there is more work to do as staff still say, "Nothing ever happens. I'm going to speak to you but things won't change". While the organisation is responsive and reactive, the quote references the immediacy of the issue will be dealt with, but the staff member has to go back into the team and may still experience some of the behaviours which led to the concern being raised.

In terms of learning from case reviews undertaken by national office, there is a need to consider what more can be done, how processes can be strengthened and to have the right policy and practice in place so when staff do go back to their teams and things have not improved they feel they can speak up again.

The Trust is responsive and has improved in terms of dealing with immediate issues. The next step is to move on and identify what more can be done to get to the root cause of what is creating incidents for staff.

There is learning to be taken from the recent focus on equality and diversity. NHS Providers recently published information about addressing racial inequalities in the NHS. AA advised she has discussed ways of working together and improving data collection to connect FTSU to both the Workforce Race Equality Standard (WRES) and equality diversity and inclusion agendas with CT and the equalities lead. Actions are being put in place.

October is FTSU month. There is a national campaign using the letters of the alphabet to describe what speaking up means. The Trust will be hosting 'We are listening' sessions via MS Teams and face to face where possible. The Trust continues to try to engage with staff through online platforms and there is a dedicated Twitter account for FTSU.

The FTSU champions have moved on from the initial recruitment stage and are more active. There is a strong network of 14 champions who attend orientation sessions and are taking steps to represent FTSU at meetings.

The FTSU strategy has been drafted and was presented to the People, Culture and Improvement Committee in September. The strategy identifies three key objectives, namely, creating the right conditions for all staff to speak up, enabling leaders to connect with staff and be responsive and to take learning and improve the quality of services for staff and patients. AA outlined what success will 'look like', how success will be measured and how the key objectives align to the Trust's objectives.

There is an increase in staff coming forward and having a positive experience in terms of speaking up. The Trust is working towards a culture which supports FTSU at every level in terms of influencing policy and practice and taking key learning from cases at SFHFT.

MG queried if the volunteers are involved with FTSU. AA advised FTSU is available to all staff, including volunteers, agency staff and students. Connections have been made with the volunteer lead and it has been identified mechanisms are in place within the volunteer service which allows volunteers to speak up. In terms of recruiting champions, the focus has been on substantive staff.

NG noted the reduction in the number of concerns being raised, the lack of confidence for staff to bring matters forward and the perceived lack of action and queried how these issues can be overcome, suggesting an anonymised case study could be used to demonstrate what action resulted from someone speaking up.

AA advised it is difficult to identify the reason for the reduction in people speaking up. The National Guardian's Office has done a number of pulse surveys and these show a similar trend across the country. At the height of Covid, staff may have felt they did not want to 'cause trouble' but just deal with the current situation, feeling their concern was not as important and it would be unfair to raise a concern when there was so much pressure on the system. This is not representative of the Trust not being responsive, as the organisation is responsive.

RM felt in terms of the reduction in the number of cases, there are a range of factors affecting this which are not fully understood. The forthcoming staff survey will be a good conduit for how the organisation 'feels'. The step up in engagement and communication within the Trust over the last 6 months is another mechanism for questions to be responded to quickly. RM referenced the quote in the report, "Nothing ever happens. I'm speaking up and I know it still won't change anything". This is the experience of one person. When people raise concerns they may not always know what the response is but people need to be aware the organisation is responding. If AA feels the organisation has not responded appropriately, this needs to be escalated. When concerns are raised and the right people know about it, there will be a response. RM advised at a recent meeting of the Executive Team, EC shared information about a cultural heat map. This brings together FTSU information and other indicators to identify where there are concerns and then working out a response at a department or divisional level.

<p>7 mins</p>	<p>TR advised in terms of escalation, FTSU is part of his role as Senior Independent Director and previously there was an escalation of a case which came to him. TR felt there is something lacking in terms of culture and leadership and the environment colleagues are working in, i.e. if a concern is raised and when staff return to the team they feel the environment has not improved. This is an area to focus on. OD are looking at this but, to give the workforce confidence, if appropriate it would be useful to have a case study of a team who have used FTSU, learnt from it and ‘turned themselves around.’</p> <p>SB felt if someone goes to FTSU it is usually due to not being listened to in their area. There is a need to reach a position where line managers are dealing with these problems. A lot of line managers are dealing with issues which are brought to them and the vast majority will try to resolve issues. An area for focus is the ‘pinch point areas’, where colleagues are not listened to and feel they have to go to someone else.</p> <p>JM felt communications to staff are important and the message should be to raise issues to either improve services or quality of life. There is a need for consistency across management and leadership across the organisation. An area to consider is impact and how is it identified if FTSU is making a difference.</p> <p>Action</p> <ul style="list-style-type: none"> • Consideration to be given to how the Board of Directors can be assured the Trust is learning from FTSU and action is taken. <p>The Board of Directors were ASSURED by the report.</p> <p>AA left the meeting</p> <p>National flu immunisation programme 2020/2021 update</p> <p>CT presented the report, advising the flu vaccination campaign for 2020/2021 has started. Last year 85.3% of front line staff received the vaccination, which was the highest number in recent years. This year the Commissioning for Quality and Innovation (CQUIN) target is 90% and the Trust is confident this will be achieved. There is more awareness of the need to have a flu vaccination this year and over 40% of front line staff have already had their vaccination. CT expressed thanks to the Occupational Health Team and peer vaccinators who have vaccinated staff as soon as they could. Effective communications are in place for staff who are working remotely to ensure they can access the vaccination.</p> <p>BB requested information about uptake in future update reports to be broken down by staff groups as last year there was a variation between different staff groups in terms of take up. BB noted the report was framed around the Trust’s responsibilities to staff, but queried what role the Trust might have in providing vaccinations for patients who are at risk and coming to the hospital for other care.</p>	<p>SH</p>	<p>05/11/20</p>
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<p>5 mins</p>	<p>DS advised there are a finite number of vaccines allocated to the Trust but there is a process in place to ensure high risk patients, who are inpatients for a long period of time, are vaccinated. RM advised the position has been discussed with commissioning colleagues and primary care. While the Trust was prepared to vaccinate everyone, a sensible solution has been found, recognising there is insufficient vaccine. Flu vaccination rates at a division, team and professional group level are circulated to the organisation on a weekly basis.</p> <p>JH advised this year, for the first time, the Trust is offering the flu vaccination to all women who have had their babies at the Trust.</p> <p>CT advised there is a planned rollout of distribution of further vaccines.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Violence, Aggression and Restraint Assurance Report</p> <p>JH presented the report, advising in the first 5 months of this year, there have been 77 incidents involving physical assault, 62 incidents of verbal abuse and 19 uses of restraint. A strategy has been set out based on ensuring patients receive the best care, staff are safe at work and staff are confident and competent to deal with a range of patients.</p> <p>The NHS Improvement (NHSI) framework has been used which sets out standards which seek to reduce violence and aggression in the workplace. Restraint is used as a last resort. Of the 32 standards, the Trust is fully compliant with 18, there is work to do in 10 areas and there are 4 standards where the Trust is not compliant. The next steps are as outlined in the report. Additional funding has been approved to support an external risk assessment and additional training to ensure staff receive face to face physical intervention training in the current financial year.</p> <p>BB welcomed the report, particularly the acknowledgment external support is required as the Trust does not have in house expertise.</p> <p>GW noted this is an important area and how it is taken forward will be key. There is a need to obtain general feedback from staff to confirm they know the process should an issue arise and they have confidence in the process. JH advised the face to face training will be re-evaluated as it is rolled out. Once the initial training is complete, training will move to an in-situ training model where people will receive feedback in the clinical environment as part of the shift. This will provide real time feedback in a real environment rather than a classroom.</p> <p>JM noted the People, Culture and Improvement Committee will have oversight of the work in relation to Violence, Aggression and Restraint Assurance. However, the Board of Directors should also receive regular updates on progress, given the importance of ensuring that people feel safe at work.</p>		
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	<p>Action</p> <ul style="list-style-type: none"> • Frequency of updates to the Board of Directors regarding Violence, Aggression and Restraint Assurance to be agreed <p>The Board of Directors were ASSURED by the report.</p>	<p>JH</p>	<p>05/11/20</p>
<p>17/735</p>	<p>STRATEGIC PRIORITY 3 - TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE</p>		
<p>5 mins</p>	<p>Staff Survey – actions to address bullying and harassment</p> <p>EC presented the report, advising opportunities to improve colleagues' experience of bullying and harassment and responding to violence and aggression were identified in the 2019 staff survey.</p> <p>There is a decline in colleagues reporting experiences of bullying and harassment from patients, family, carers or from colleagues. It has been identified bullying, harassment and poor conduct of colleague to colleague is still present in the organisation. Work has been undertaken to identify how colleagues can be supported, poor experience be reduced and the Trust culture enhanced in terms of how people behave and live the care values.</p> <p>A deep dive to look at bullying, harassment, violence and aggression has been undertaken, looking at multiple data sources. The action plan is included in the report. There are opportunities to improve which are being taken forward. There is no place for bullying, harassment, violence and aggression at SFHFT. There is a joint campaign in place, which is also running at a mid-Nottinghamshire level.</p> <p>There is a need to have mechanisms in place but also provide education and training in relation to civility, care values and helping colleagues manage 'in the moment' with difficult situations in terms of how to respond. Work is ongoing and it needs to be part of the Trust induction, training and education through all methods available.</p> <p>Regular updates on actions will be provided to the People, Culture and Improvement Committee and EC advised she will link in with JH in relation to updates to the Board of Directors regarding Violence, Aggression and Restraint Assurance.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>9 mins</p>	<p>Workforce Race Equality Standard Report (WRES) and Workforce Disability Equality Standard Report (WDES)</p> <p>CT presented the report, advising this had been postponed nationally due to Covid. There are mandatory standards for the NHS with set indicators. The Trust is required to review data to establish the position against each of the standards and indicators within them. Detailed actions plans are in place. Through discussions with the diversity networks, key actions to take forward have been identified which will start to make a difference and have a greater impact. It is known there are some inaccuracies in ESR data, based on staff survey responses. Therefore, there is a focus on cleansing ESR data and ensuring it is up to date in order to increase accuracy.</p>		

	The Board of Directors were ASSURED by the report and APPROVED the WRES and WDES reports for publication on the Trust website		
17/736	STRATEGIC PRIORITY 4 - TO CONTINUOUSLY LEARN AND IMPROVE		
16 mins	<p>Research Strategy – quarterly update</p> <p>EG joined the meeting</p> <p>EG presented the report, advising the Trust has recruited 1,691 patients into National Institute for Health Research (NIHR) studies up to Q2, compared to 898 for the same period last year. 33 studies are currently open and 38 are currently suspended due to urgent public health research demand as the focus has been on Covid related research. The Trust is looking to reopen some non-Covid studies. Three new studies were opened in Q2 and two were closed. There are 13 studies which are being actively recruited to. Trials are spread across a number of specialities. There is currently one commercial trial open and two in set up. Commercial activity has reduced due to Covid.</p> <p>In terms of overall performance, the Trust is currently fourth in the East Midlands of all the centres, with only the university settings in Nottingham, Derby and Leicester having recruited more than SFHFT. Recruitment is up compared to other similar sized trusts around the country.</p> <p>In terms of finance, the budget for 2020/2021 is £732k, which is a 2.7% increase on 2019/2020. This is mostly due to Clinical Research Network (CRN) service support costs now being incorporated into annual budgets. The Trust is currently in discussions with partner organisations to confirm the budget modelling for 2021/2022, with the option of a rollover budget. Commercial income at Q2 is £30k and this will be invested in growing research capacity and capability in line with NIHR Commercial Income Distribution Guidance. This is less than previous years but is due to the suspension of commercial activity due to the Covid studies.</p> <p>The participant research experience survey is on hold due to Covid.</p> <p>In terms of restarting trials, this is being looked at on an individualised basis through a RAG rating system to identify which studies can be restarted. 27 studies (42% of the portfolio) have reopened. 37 remain suspended and this is reviewed weekly.</p> <p>In relation to key priority areas and the new strategy, the aim is to focus on unique key priorities for 2020/2021, as outlined in the report, alongside a sustained focus on portfolio growth, quality improvement and engagement.</p> <p>In Q2, 33 patients (17%) declined to participate in studies, compared to 193 recruited. This is based on 300,000 distinct patient attendances across 54 specialities in 2019/2020. Recruitment to research equates to 1%. More effective ways of measuring data are being investigated.</p>		

	<p>1,567 patients have been recruited to various Covid research studies, as outlined in the report.</p> <p>CW queried how the impact on patients who have been part of research and trials which are paused is being tracked. EG advised each study has been looked at, with particular reference to the impact on patients. Some studies should not be a major impact. The studies which are high risk have either already had the go ahead to restart or a research nurse has been in contact with the patients.</p> <p>BB noted the recruitment target for the year has nearly been met and felt as plans for next year are developed, thought should be given to if the Trust is being ambitious enough regarding recruitment. In terms of participant experience, BB queried if the findings feed into the overall patient experience.</p> <p>EG advised the trajectory for recruitment has been impacted by certain studies. It is difficult to work out what will happen next year, but there is a need to ensure there is quality and not just quantity in terms of studies. The numbers have been boosted by some simpler studies which have been over the internet and have not required much nursing time compared to the more complex studies which involve drugs, etc. Patient experience is important and EG advised she was not sure what link there is with overall patient experience, but agreed they should interlink.</p> <p>GW queried if there is anything the Board of Directors can do to support research at the Trust. EG felt there is a need to identify why people do not get involved in studies and for research to be promoted within the Trust.</p> <p>JM noted the Trust's success in terms of recruiting to trials and developing the research portfolio and queried if there is another stage the Trust needs to move to in order to continue to improve and what are the implications of that in terms of support / investment. EG advised the Trust may be able to move to another stage, which is why the strategy is being reviewed. It is important to further embed research in the Trust so each division takes responsibility for the importance of research, but it is also important to look outside the Trust for new partnerships.</p> <p>The Board of Directors were ASSURED by the report</p> <p>EG left the meeting</p>		
17/737	STRATEGIC PRIORITY 5 - TO ACHIEVE BETTER VALUE		
9 mins	<p>ICP Strategic Objectives update – Q1</p> <p>RM presented the report, advising it was presented to the ICP Board on 10th September 2020. The report evidences the expectations of the ICS are being delivered through the ICPs and identifies the lead and partner organisations. The Q1 update was well received by all partner organisations, patients and Healthwatch when discussed at the ICP. The Q2 update will be presented to the Board of Directors in December 2020.</p>		

	<p>Action</p> <ul style="list-style-type: none"> • ICP Q2 Strategic Objective update to be presented to the Board of Directors in December 2020 <p>GW noted the housing actions and links to social housing and queried what level of engagement there is with housing associations within the workstream area. RM advised he does not personally have that engagement but is aware the district councils engage with housing associations. The working and thinking of the ICP continues to be different to 'normal' jobs. When considering the wider determinants of health, the hospital delivers 10% and the NHS 40%. There is a need to start working with local authorities, housing associations, voluntary sector, etc. to move towards a greater coverage of those wider determinants.</p> <p>MG felt it would be useful for more evidence based objectives and KPIs to be included in future reports. In terms of housing, MG queried if any consideration has been given to supportive and assisted housing gaps.</p> <p>RM advised this point has been made. There is evidence of a bridge between the previous way of working and the aspiration about system working in the future. It is not the 'finished product' and greater clarity will follow over the next year.</p> <p>MG queried in terms of the Every Child Matters agenda, has any discussion taken place about diet and nutrition as a good indicator of health inequalities is take up of free school meals. RM confirmed this has been discussed.</p> <p>JM felt a real step forward has been made. Consideration needs to be given to how this fits in with wider work, for example, in relation to housing, local authorities will have KPIs. The ICP should contribute to that rather than manage it. Discussions have previously taken place in relation to how the Trust relates its governance to the ICP and ICS; this provides the framework. As the system develops, for example a stronger focus on system finance, there will be a need to consider the role of the Board of Directors as part of that agenda.</p> <p>RM advised the core responsibility of the Trust is to provide safe, timely and effective care to patients in a hospital setting. A lot of progress has been made in relation to this and while the Trust can continue to evidence it is delivering that effectively, it provides the opportunity for the Trust to play a leadership role and to work with other partners across the ICP.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>RM</p>	<p>03/12/20</p>
<p>17/738</p>	<p>PATIENT STORY – MATERNITY SERVICES</p>		
<p>10 mins</p>	<p>A video was played highlighting a case where the patient has a post-natal diagnosis of Downs Syndrome. JH advised generally 10% of cases are missed during pregnancy. A complaint was received from the patient's mother as the diagnosis was also missed on the initial post birth checks.</p>		

	<p>It was noted the video will be used as part of doctors and midwifery training in the future and if one feature of Downs Syndrome is noted, a senior review will be required.</p>		
<p>17/739</p>	<p>SINGLE OVERSIGHT FRAMEWORK MONTHLY PERFORMANCE REPORT</p>		
<p>52 min</p>	<p>PEOPLE AND CULTURE</p> <p>CT advised overall sickness absence, turnover and vacancies remain low. There is support in place for staff in terms of health and wellbeing, including psychological support. While occupational health activity reduced in month, levels remain high and additional resource has been put in place. Compliance with mandatory training and appraisal is below the expected level. However, both of these activities paused due to Covid. There is a programme in place to get these back on track. The trend is increasing and is on trajectory to meet the target by 31st December 2020.</p> <p>EC advised the Trust continues to have the offer in place which was originally mobilised very early in Covid and there are additional key offerings. A dedicated wellbeing and welfare lead will be in place for the next 6 months. Additional support through the psychological team and chaplaincy service will continue and additional support will be put in place as people's needs change over the next 6 months.</p> <p>TR queried what are the top three things the Trust has learnt from the last 6 months which will help the organisation to be more effective in the next 6 months. CT advised it is important to ensure the things which really matter to staff are the things which are in place, taking care not to forget the basics of ensuring staff have got the right amount of work to do which they can cope with, ensuring they take breaks and have access to food and drink. There is a need to continue to ensure the Trust understands what matters to staff and the right provisions are in place.</p> <p>EC advised there is a need to continue to listen and learn and act on what colleagues are saying. The Trust has tried to keep connected with colleagues through the way it has communicated and this has allowed the Trust to keep shaping the offer. DS advised staff have valued the mental health support package which has been put in place.</p> <p>RM advised there has been a lot of learning over the last 6 months. At a recent meeting of the Senior Leadership Team the following points were identified as key to the organisation over Winter. Providing safe care to patients, recognising a proportion of patients will have Covid but the majority won't and there is a need to get the balance right. The best way of providing safe care is by supporting each other and there is a need to look after each other and ourselves. Despite the challenges faced, there are a lot of things the organisation should feel proud about and continue to feel proud about.</p> <p>MG queried if there was anything further which could be done to help and support staff over the winter.</p>		

<p>RM advised the best way the Trust can help and support colleagues is by getting the basics in place, for example, maintaining appropriate and safe staffing levels, providing access to hot food at any time of day. It is recognised colleagues sometimes struggle in their personal lives and one suggestion is to have Citizens Advice on site to offer support. A hardship fund has been put in place and discussions have been held about how this will be continued. Having the basics in place and consistently offering them in a way which all colleagues can access, is a key enabler to a safe Winter.</p> <p>MG queried what would the ‘ask’ be of the Board of Directors, particularly the non-executive directors (NEDs), to help support this. RM advised he would be grateful if NEDs felt able to communicate directly to the wider organisation a recognition of what the organisation has achieved over the last 6 months, with pragmatic optimism for the next 6 months.</p> <p>Action</p> <ul style="list-style-type: none"> • Letter to be sent to staff in recognition of what the organisation has achieved over the last 6 months <p>JM queried while mandatory training is showing improvement, are there particular areas which give concern about the level of risk.</p> <p>CT advised areas of mandatory training have been identified which are essential for staff to complete. This will be kept under review if there is a second wave of Covid.</p> <p>QUALITY CARE</p> <p>JH advised C.difficile (Cdiff) cases have reduced from 11 last month to 9. In terms of hospital acquired cases, there are three less cases compared to the same period last year. Good progress has been made on the agreed actions. It has been confirmed there are two cases linked on Ward 51 and a further case where ribotyping is outstanding. All other cases have been proven not to be linked.</p> <p>A robust action plan is in place which has been reviewed externally by a director of infection prevention and control (IPC). The IPC audits at ward level have been reviewed and overall there is good compliance, in excess of 90%. The only lapse of care identified is a delay sampling a patient, meaning the patient may have had Cdiff on admission but it has been apportioned to the Trust. Learning has been pushed out into the hospital. It is important to ‘get on top of’ community acquired cases and there is a meeting planned with the CCG and NUH to discuss actions across the community.</p> <p>MSSA (Methicillin-sensitive Staphylococcus aureus) is above the threshold for the first time. There are five cases in total and for four of those there were no lapses in care. The other case related to blood culture sampling. There has been a review of the blood culture taking process and further training will be provided where contamination of the sample has occurred.</p>	<p>JM</p>	<p>05/11/20</p>
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DS advised the Hospital Standardised Mortality Ratio (HSMR) remains elevated and is currently at 108.1. The Summary Hospital-level Mortality Indicator (SHMI) remains within range and no concerns have escalated through the learning from deaths structure. Remedial action to identify and rectify any potential underlying causes is work in progress and a full report will be presented to the Quality Committee in November.

The initial work is a deep dive investigation into the causes of this which will include internal and external data process reviews and work with clinical coding and end of life team to ensure palliative care is being captured appropriately. The learning from deaths process will be reviewed and strengthened to provide assurance. An expert panel from a buddy trust will be utilised to review a selection of case notes. This is a significant piece of work and HSMR is unlikely to improve for some time. An external project advisor has been employed on a 6 month contract, but the work may take longer.

JM felt it would be useful for DS and BB to discuss the actions if any harm is identified and queried if there is anything further which can be done to identify any potential harm through the review process. DS advised from the initial work, to date there has been no evidence of patient harm. A draft paper has been shared with the CQC who had not flagged up HSMR as any concern but the Trust proactively approached the CQC to inform them HSMR is elevated and this is the work being planned to address this.

DS advised Venous Thromboembolism (VTE) is showing as amber as it is just below the 95% target. This is as a result of a change in the data collection process. Previously the Governance Support Unit actively pursued medical staff to complete the forms. However, due to social distancing requirements this is no longer possible. There is no suggestion performance and treatment of patients has changed. The pharmacy department are due to undertake a formal Thromboprophylaxis medication review in November.

The rolling average YTD for cardiac arrest rate is 3.5 per month, but there were 8 in August. The 'additional' cardiac arrests occurred in critical care and ED. Historically those areas were excluded and were not part of the objective review process and, therefore, fall out of the remit of national reporting. This has been identified due to Datix reports, which are inconsistent across SFHFT and most trusts. This issue will be investigated and the Trust will take guidance regionally and nationally in relation to which data to capture. While there are data collection issues to work through, there is a need to ask the cardiac arrest resuscitation department team to proactively record all cardiac arrests and to take debrief and learning.

TIMELY CARE

SB advised ED performance remains strong with the ED 4 hour wait at 95.5%, ranking SFHFT 9th in the NHS. Ambulance handover times remains strong and the Trust is second in the EMAS area. Non-elective admissions, as a proportion of 2019 figures, are 98%. This continues to grow but ED attendances are at 85%. This indicates patients who attend ED require admission and there is a reduction in 'walk-ins'.

NG queried if any changes have been made as a result of the work of the ICS demand cell and, if so, how effective those changes are. SB advised there are some schemes but they have only recently come out. There is a need to review these schemes and identify what the impact of them may be for the Trust. Overall, the impact across Nottinghamshire is 50 beds worth of demand, which is ambitious.

MG queried, in terms of the reduction in ED demand, if there is any understanding from an equalities perspective of the unmet need and type of demand. SB advised most of the lower demand is from walk-in patients. In terms of unmet need, patients are choosing not to come to ED or to go elsewhere. Most of the sicker groups of patients, as evidenced in the admission rates, are attending ED. Ambulance arrivals are also at a higher level. Areas such as stroke and trauma, which did reduce during the Covid surge, are now back to normal levels.

JM felt it is an 'interesting' dilemma. During Covid there were people who should have come to ED who did not do so as they were scared. However, pre-Covid people were attending ED who could have accessed their care elsewhere. There is a need to get the messaging and the balance right. SB advised broadly the balance is right at the moment. There is a need to avoid parallel discussions about demand management and the risk of people not attending ED.

JM noted all the indicators for ED are green and asked SB to pass on the Board of Directors' thanks to the team.

RM noted it is known there are some patients who attend frequently and queried if these patients have returned. SB advised he did not have the data but he recently met with the High Intensity Users Team and this was not raised as an issue. The team are working hard with that group of patients but there is more work to do. The team are going out to people's homes in an attempt to keep them out of hospital but they are finding it hard for other care agencies to provide care.

SB advised in terms of recovery, cancer services are fully restored and progress is being made to reduce the backlog, which is getting back to pre-Covid levels in terms of cancer. The issues being faced are those which were faced pre-Covid, i.e. resilience in diagnostics and reducing time to diagnosis. Imaging capacity is back to normal levels.

The Trust is currently ahead of trajectory on the recovery plan in terms of inpatient elective, day case, diagnostics and outpatient procedures and is performing better than the Midlands in most of those areas. While progress is being made, there is more work to do in terms of outpatients, mainly due to social distancing requirements. The plan is to free up more space in Clinic 15 to deal with respiratory outpatients and to create more space for them. Another option is to utilise weekends, but there is a need to be mindful of fatigue in the workforce. A template review is being undertaken. Templates were significantly reduced during Covid and there is a need to ensure these return to an acceptable level in all specialities.

A further risk to recovery relates to a Covid surge and the impact on theatres. There is a critical care surge plan involving surges into theatres which will reduce the amount of operating which can be done. Respiratory medicine will be impacted by setting up any respiratory assessment unit in relation to a Covid surge.

While the Trust is focussed on activity recovery and returning to as high a level as possible, the focus is on 52 week waiters. Currently there are 316 patients who have been waiting over 52 weeks and the Trust is ranked 30th in the NHS. Nationally, 83,000 patients have been waiting over 52 weeks. Patients are being brought in in line with clinical priority. A lot of the patients are in ophthalmology and orthopaedics. The Trust is ahead of the trajectory but it will take a considerable time to reduce the level back to zero.

JM noted the progress in relation to cancer but felt the growing pressures are on elective care and the plan going forward needs to balance Covid, Winter and recovery, noting there may also be issues relating to the EU exit. It would be useful for the Board of Directors to know the triggers to move away from the recovery plan to a different scenario. JM queried if the discussion is taking place on priorities and what operations need to be minimised if a stage is reached where operations are restricted. JM noted there was a benefit during Covid as a percentage of outpatients were not seen face to face but this was higher than the ideal number. JM queried if non-face to face appointments have now reduced to a more appropriate level and is it known what the level should be.

SB advised circa 40% of outpatients appointments, which are mainly follow up appointments, are taking place in some form of non-face to face way. This is slightly lower than other organisations. Clinicians are the arbiters of how they see patients but the Trust can offer face to face, telephone or virtual. This will be monitored and if differences are identified between consultants in the same speciality, the reasons for this will be reviewed to ensure a consistent approach.

DS advised there were discussions 12 months ago in relation to the outpatient transformation programme. The Trust is getting used to the new way of working which will enable the organisation to push onto the next level of transformation.

SB advised in terms of trigger points to change the plan, a report will be presented to the Recovery Committee to describe the impact of a Covid surge on elective care. However, the overriding principle is the Trust will continue to provide elective care. Workforce supply will be a limiting step but the Trust will not step down operations solely due to Covid patients being in the hospital.

JM queried how the decision will be reached regarding which type of patients to step down in the event of a Covid surge. SB advised the principle is to continue cancer operations. The divisions have been working up plans in the event of an ITU surge. DS advised, there is some broad guidance in terms of trigger points which will be used to facilitate decisions. The Trust has expert clinical groups which can be appropriately agile to make decisions.

	<p>Action</p> <ul style="list-style-type: none"> • Report to be presented to the Recovery Committee in relation to the impact of a Covid surge on elective care <p>BEST VALUE CARE</p> <p>PR advised Month 5 is still in the Covid financial regime, which ended on 30th September 2020. Therefore, the Trust remains in receipt of retrospective top up of Covid and non-Covid costs where expenditure incurred is above the block contract income received. SFHFT is reporting a break even position at Month 5 through this methodology. The Trust has claimed and received retrospective top up for £17.4m of expenditure to the end of Month 5, £10.9m of which is to cover the direct costs of Covid and £6.5m to cover the shortfall in block contract and top up funding. In Month 5, Covid costs reduced from £2.2m in Month 4 to £800k. The block / top up funding shortfall payment was just under £1m. Therefore, £1.7m has been claimed retrospectively for M5.</p> <p>In terms of capital, expenditure YTD is lower than plan and this includes Covid spend. NHSI approval for an application for further Covid capital is awaited. Cash holding is £34.6m at the end of Month 5, which represents the September block payments which are pre-paid under the Covid finance regime. The pre-payments will continue through Months 7-12.</p> <p>NG advised the two main concerns are the change in the underlying deficit as this is currently circa £1m per month off the 5 year financial plan, and the financial regime for the second half of the year.</p> <p>The Board of Directors CONSIDERED the report.</p>	<p>SB</p>	<p>05/11/20</p>
<p>17/740</p>	<p>WINTER PLAN</p>		
<p>18 mins</p>	<p>SB presented the report advising the coming Winter is unpredictable. The scenario the plan has been modelled on is a 4% growth in activity from 2019 and this includes Covid. Within the Covid surges, the plan assumes some reduction in elective admissions. The plan focuses on how the Trust will manage capacity.</p> <p>Overall the gap in beds is between 80 and 100 per month. There is a plan for 76 additional beds but this does not factor in admission avoidance as there is more work to do in relation to this. Within the plan is 21 beds worth of efficiency in length of stay reduction. The plan will deliver 92% occupancy from November onwards. The forecast cost of the plan is £3.6m. There is a risk in October as most of the capacity comes on stream from 1st November 2020.</p> <p>Workforce supply will be harder than previous winters. In the Phase 3 submission the Trust indicated a 7.5% workforce loss, compared to 4%-5% in a normal Winter. Partners' plans will be discussed at the A&E Delivery Board in October. A lot of nursing shifts have not been released yet for some of these schemes. However, there is already full cover for medical shifts. Colleagues in nursing feel there will be a high take up when the nursing shifts are released.</p>		

There is some flexibility in the plan so if the anticipated levels of growth are not seen, the capacity will not necessarily be opened up. However, the workforce which has been secured will still be used as this will help cover sickness, etc. If the plan can be executed, the Trust will achieve 92% occupancy.

PR advised the plan which has been costed is in excess of last year's costs but it includes 15 more beds and some ring-fenced beds for respiratory patients. The financial regime for Months 7-12 includes prospective block arrangements for Covid costs. The Trust will ensure the additional respiratory beds are matched against the additional Covid income. Therefore, this year's Winter plan from Trust generated resources will be at the same cost as last year.

SB advised packages will be in place to support colleagues, ensuring as many shifts as possible are covered and staff can get breaks, etc.

EC advised a range of offers will be in place for staff over the next 6 months and this has been looked at from a health and wellbeing perspective. The current offer will remain in place and will be amplified by undertaking targeted work in clinical areas where there are raised anxieties or concerns. The Trust will be taking forward the actions in the People Plan regarding enhancing wellbeing conversations. Psychological support will be available both at a specialist advanced level and if staff just 'want a chat'.

The Welfare and Wellbeing Lead will be actively visiting teams to take the offer to them. There are wellbeing and engagement walls in all areas which provide quick and easy access to self-care, coupled with information on how to access specialist support. The Trust has taken the learning from Covid but is trying to keep engaged, connected and listening.

The packages of support need to remain flexible based on what needs may arise. There are different levels of support in place there are escalation routes as and when they are needed.

CW noted there is a shortage of flu vaccinations nationally and queried if any modelling had been undertaken in relation to the impact that may have on the Winter plan if people are not getting the vaccine until later in the flu season. In terms of the medical workforce, given the increased use of the independent sector, on occasions the same people are being used across both areas. CW queried if there are any issues in relation to workforce availability in the independent sector.

SB advised the growth figure in the plan includes patients admitted with flu. There has been no flu in Australia this year, although there may be multiple reasons for this. While not necessarily the case, the UK often follows the same pattern for flu as Australia. Over Winter the Trust will be reducing some independent sector usage to try to mitigate the impact in terms of medical workforce; 3-5 lists per week will be used. The Trust is not using lots of independent sector capacity and is not, therefore, putting pressure on colleagues to work over and above.

	<p>MG queried, in relation to length of stay, what assurance there is at a system level about the Trust's ability to discharge patients. SB advised over the past 6-8 months partners have done a good job of getting patients to the care they need outside of hospital. There is some new national guidance about discharge, in that partners have 48 hours from the decision to discharge for a patient to be moved to their onward care. The Trust is allowed a tolerance of 22 patients above that and this is the level which is usually achieved. Partners are doing a good job under difficult circumstances. However, all care is currently funded by the NHS, including social aspects of care, and it is unclear if this will continue. GW noted length of stay is important to maintain flow and acknowledged the support of partners.</p> <p>TR felt the message to the workforce about the Winter plan needs to be simplified. There is a need to be clear this Winter is unpredictable and the Trust needs to be adaptable. The key is to focus on delivering 'brilliant basics' and the welfare of staff and patients matters. SB advised the key objectives for Winter are to provide safe care, look after yourself and each other and be proud. The communication to staff will be built around these objectives.</p> <p>The Board of Directors APPROVED the Winter Plan</p>		
<p>17/741</p>	<p>ASSURANCE FROM SUB COMMITTEES</p>		
<p>16 mins</p>	<p>Audit and Assurance Committee</p> <p>GW presented the report, advising internal audit have reduced the internal audit plans by 25% and a programme is in place to deliver that. It was noted the revised plan reduced the 360 Assurance days from 279 to 212, reflecting the 25% reduction, but recognised it will still be a challenge to deliver all these days and the associated work. It was agreed communication would be sent to all senior managers in areas which are subject to internal audit to fully support 360 Assurance on a timely basis to help the delivery of the plan.</p> <p>KPMG have been officially appointed as external auditors and they were welcomed to their first meeting. They presented a financial benchmark report, which was welcomed and noted. The Committee felt it would also be useful for this report to be presented to the Finance Committee.</p> <p>In terms of the register of interests, the position is improving but the response is slow. The Committee agreed to review people with outstanding declarations this year, who were also outstanding in previous years. Escalation letters will be sent to those individuals where relevant.</p> <p>The Committee has benefitted from 360 Assurance who provided a maturity matrix for audit committees. The Committee has undertaken a self-evaluation against that, with the help of 360 Assurance. It is felt other committees could do something similar if the right information can be sourced.</p>		

Finance Committee

NG advised the Committee met on 29th September 2020, mainly to discuss the funding regime for Months 7-12. The Committee has been sighted to the operational requirements for Phase 3 and has looked at the financial implications of this. There is currently a gap in funding which will need to be addressed. The Committee looked at the Month 5 financial position and received an update on matters of PFI governance.

Quality Committee

BB presented the report, advising the Trust has had its United Kingdom Accreditation Service (UKAS) haematology laboratory accreditation suspended, initially for 3 months. The Committee were apprised of the implications of this and were assured the clinical impact is low. The Committee were apprised of the actions being put in place to address the concerns. It is likely the accreditation may be suspended for longer than 3 months and the Committee will monitor progress.

The Coroner is scheduled to issue a Rule 28; 'prevent future deaths'. At the time of the Committee meeting, the Trust had not received the letter but it is believed to relate to an incident where anticoagulant (warfarin) was prescribed in the face of a potential gastrointestinal haemorrhage.

The Committee received three annual reports, namely the End of Life report, Patient Experience and Infection Prevention and Control. It was noted there were zero Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia identified as Trust attributable. All the annual reports demonstrate the significant progress the Trust is making but also acknowledges the further work which is to be done.

The Committee received and approved the risk assessment for spacing of cots in Neonatal Units during COVID-19. It was noted capacity is not compromised.

DS advised the Rule 28 letter has not yet been received from the Coroner.

JM sought clarification regarding the basis for the haematology accreditation being suspended. DS advised for accreditation to stand, the Trust needs to have a laboratory director who is on the specialist register for haematology. Nationally there are 40 haematology vacancies and very few trainees are interested in a laboratory role. Other organisations have similar issues.

NG sought clarification as to what 'Rule 28' is and the implications for the Trust. DS advised 'Rule 28' is old terminology, the new term being PFD (Preventing Future Deaths). The Coroner will issue this rule when they do not have assurance the process the Trust has put in place will prevent a similar occurrence happening to another patient. This will go into a national notification and the Trust sometimes receives information other organisations have a Rule 28 (or PFD) to encourage learning.

	<p>The details will be worked through when the letter is received. When the letter is received, the Trust has 56 days to acknowledge receipt of the letter and to inform the Coroner of the actions which will be taken. If the Trust fails to comply, the Coroner has the legal power to arrest a responsible officer.</p> <p>NG queried if there is a mechanism for this Rule 28 to be withdrawn or suspended at some point in the future. DS advised this will be dependent on the content of the letter. The usual process is to receive the letter, develop an action plan specifically against the points raised and to provide assurance to the Coroner things will be progressed.</p> <p>People, Culture and Improvement Committee</p> <p>MG presented the report, advising the Committee met on 28th September 2020, the majority of the meeting taking the form of a workshop. The Committee looked at the OD and Culture Strategy, equalities and the Winter Plan. The desired culture and what assurance would 'look like' were explored. It was noted the cultural heat map is a good aspect of assurance. Some of the desired culture relates to the Trust's values, speaking up culture and inclusive culture.</p> <p>The Committee explored equalities more broadly and what further assurance is required. There is a need to think beyond the protected characteristics of the legislation, particularly socioeconomic factors.</p> <p>Upon review, the Committee recommended the risk level for Principal Risk 3 (Critical shortage of workforce capacity and capability) remains at its current risk level of 20.</p> <p>The Board of Directors were ASSURED by the reports</p>		
17/742	OUTSTANDING SERVICE – PROCUREMENT TEAM		
10 mins	<p>A short video was played highlighting the work of the Procurement Team, particularly through Covid.</p> <p>RM advised the Procurement Team have been essential through Covid and felt a letter should be sent from the Board of Directors to Bob Truswell, Strategic Head of Procurement, and Sally Palmer, Clinical Specialist Infection Control, in recognition of their work as they have gone above and beyond.</p> <p>MG felt Bob thinks comprehensively about what needs to be done. GW advised when Bob is given praise, he takes it for the team, not himself.</p> <p>Action</p> <ul style="list-style-type: none"> • Letter to be sent to Bob Truswell, Strategic Head of Procurement, and Sally Palmer, Clinical Specialist Infection Control, in recognition of their work 	JM	05/11/20

17/743	COMMUNICATIONS TO WIDER ORGANISATION		
2 mins	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Workforce issues – Bullying and harassment, FTSU • Research • Performance • Winter Plan • Procurement – provision of PPE • Patient Story • Flu vaccinations 		
17/744	ANY OTHER BUSINESS		
1 min	No other business was raised		
17/745	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 5th November 2020, in the Boardroom, King’s Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12:40</p>		
17/746	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald</p> <p>Chair Date</p>		

17/747	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
1 min	<p>Philip Marsh (PM), Public Governor, advised he felt the Trust is effective in enabling him to perform his role as a governor in these difficult times. He advised he feels the Board of Directors is transparent in dealing with what are sometimes difficult issues. As a governor, PM feels able to raise issues of concern and receive clarification of such matters. While observing the Quality Committee, PM advised he is able to speak to the Non-Executive Directors and clearly understand the effective measures undertaken to resolve issues. Despite being in difficult times, PM advised it is clear non-Covid issues are still being dealt with effectively. The Trust and Board of Directors are truly serving the local population to the highest of standards.</p>		
17/748	BOARD OF DIRECTOR'S RESOLUTION		
1 min	<p>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting</p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</p> <p>Directors AGREED the Board of Director's Resolution.</p>		