

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 11:00 on
Thursday 4th February 2021 via video conference

Present:	John MacDonald	Chair	JM
	Tim Reddish	Non-Executive Director	TR
	Graham Ward	Non-Executive Director	GW
	Neal Gossage	Non-Executive Director	NG
	Barbara Brady	Non-Executive Director	BB
	Manjeet Gill	Non-Executive Director	MG
	Claire Ward	Non-Executive Director	CW
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer & Deputy Chief Executive	PR
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Simon Barton	Chief Operating Officer	SB
	Julie Hogg	Chief Nurse	JH
	Emma Challans	Director of Culture and Improvement	EC
	David Selwyn	Medical Director	DS
Clare Teeney	Director of People	CT	
Lorna Branton	Director of Communications	LB	
In Attendance:	Sue Bradshaw	Minutes	
	Robin Smith	Producer for MS Teams Public Broadcast	RS
Observer:	Sue Holmes	Public Governor	
	Ann Mackie	Public Governor	
	Claire Page	360 Assurance	
	Grace Rowe	Nottinghamshire Healthcare Trust	
	Becky Cassidy	Interim Trust Secretary, Nottinghamshire Healthcare	
Apologies:	None		

The meeting was held via video conference. All participants confirmed they were able to hear each other and were present throughout the meeting, except where indicated.

Item No.	Item	Action	Date
17/860	WELCOME		
1 min	<p>The meeting being quorate, JM declared the meeting open at 11:00 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, via video conferencing and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&A function. All participants confirmed they were able to hear each other.</p>		
17/861	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda		
17/862	APOLOGIES FOR ABSENCE		
1 min	There were no apologies for absence.		
17/863	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting held on 7 th January 2021, the Board of Directors APPROVED the minutes as a true and accurate record.		
17/864	MATTERS ARISING/ACTION LOG		
1 min	<p>The Board of Directors AGREED that actions 17/485, 17/605.1, 17/646, 17/767.1, 17/769.3, 17/839.1, 17/839.2 and 17/840.1 were complete and could be removed from the action tracker.</p> <p>Action 17/805 – DS advised an update on HSMR will be presented to the Board of Directors in March 2021.</p>		
17/865	CHAIR'S REPORT		
1 min	<p>JM presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective.</p> <p>The Board of Directors were ASSURED by the report.</p>		
17/866	CHIEF EXECUTIVE'S REPORT		
15 mins	RM presented the report, advising despite a slight reduction in the rates of Covid infection in the community and the organisation, the Trust remains very busy. RM expressed thanks to everyone involved in patient care and advised he was proud of the staff welfare and wellbeing offer which has been put in place. When thoughts turn to restarting services, it is important to build a pragmatic plan based on what is possible and with the welfare of colleagues at the centre.		

	<p>SB advised in the current Covid surge, 10% more patients have been discharged than in first the surge, indicating some success with treatments. There are currently 166 Covid positive inpatients in the Trust and 20 patients in critical care. The staff absence rate is 9-10%. All surge capacity is open and 24 more beds have been opened than was indicated in the Winter plan. Oxygen supply is well managed. Outpatients continue to operate at 80% of pre-Covid levels. Elective operations are running as normal at Newark Hospital, but this is at 40% at King's Mill Hospital due to the critical care surge.</p> <p>CT advised all local Covid vaccination sites are open. The hospital hub at King's Mill Hospital is currently vaccinating 800 people per day and is one of very few sites nationally to pilot 24/7 opening. Over 60% of SFHFT colleagues have been vaccinated and targeted work continues in relation to vaccinations for Trust colleagues, including extending some opening hours to ensure colleagues can access a vaccination.</p> <p>JM queried what the vaccination levels are for mid-Nottinghamshire, as opposed to Nottinghamshire as a whole. CT advised this level of detail is not currently available, but it is being worked through. The only figure currently available is the overarching figure for the county. It is expected this will be broken down further over the coming weeks.</p> <p>In terms of non-Covid issues RM highlighted issues in relation to bullying and harassment towards staff, Corah Ohadike's election to co-chair of the East Midlands Black, Asian and minority ethnic (BAME) network of the British Medical Association (BMA), the initial findings of the annual staff survey and advised February is LGBT+ history month.</p> <p>RM informed the Board of Directors the portfolio for director for infection prevention and control has transferred from the Medical Director to the Chief Nurse.</p> <p>The Board of Directors were ASSURED by the report</p>		
17/867	STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE		
11 mins	<p>Maternity Incidents and Investigations overview and Maternity Perinatal Quality Surveillance Model</p> <p>JH presented the report, advising there were 95 maternity incidents in December, all of which were low or no harm, except for two which were moderate harm and are under review. The Trust has signed off one Strategic Executive Information System (StEIS) report and there were three incidents for scoping in December.</p> <p>JM noted there are a lot of incidents, but they are mainly events where there were variations from the expected route and did not result in harm, acknowledging this a good indication staff are reporting issues. JM queried if there are any comparative figures to indicate how SFHFT benchmarks with other organisations.</p>		

	<p>JH advised there is a list of triggers which are defined nationally for incident reporting and the Trust follows those. The Governance Team produce a quarterly report which indicates under or over reporting. This information can be incorporated into the next maternity report. JH advised she was confident there is no under reporting and other than the highlight reports included, the scorecards do not suggest there are any areas for concern.</p> <p>Action</p> <ul style="list-style-type: none"> • Quarterly report by Governance Team indicating under or over reporting to be incorporated into maternity incident report <p>NG queried why the haemorrhage rate was higher than expected. JH advised the team have reviewed all the haemorrhages and have not found any themes which would be considered avoidable. Within this cohort of women who have had a major haemorrhage, circa 50% had an emergency caesarean section. It is known a major haemorrhage is more likely when an emergency section is carried out. The local population have more babies than average and there are some risk factors in relation to deprivation which increases the likelihood of a postpartum haemorrhage (PPH). The team continue to look at this to ensure there are no themes in the management of PPHs which mean blood loss could have been reduced.</p> <p>RM queried if there were any particular areas within the Trust's maternity services which were a cause of concern. JH acknowledged there have been two maternal deaths this year and any maternal death has to be taken seriously. However, this is a national trend which has become evident through Covid. Both of the women who died following care with the Trust had pulmonary embolisms. The increase of pulmonary embolisms has been attributed to the pandemic, whether due to women having Covid or it is associated with people being less active post natal. Investigations into the deaths have found nothing significant, but there is a need to be vigilant.</p> <p>JH highlighted three exception reports on the quality surveillance tool and provided an update on the Trust's response to the actions identified in the Ockenden report.</p> <p>JM noted the Trust is not compliant with the recommendation to have a Director of Midwifery in post and sought clarification if this is a recent change to the requirements. JH advised the Trust previously declared compliance with this requirement as it was felt the Trust was excluded due to being a unit of under 3,500 births. However, further information has been made available nationally which indicates the Trust is not excluded.</p> <p>MG noted the Trust is declaring partial compliance in terms of training and sought clarification if this relates to mandatory training. JH advised the PROMPT (Practical Obstetric Multi-Professional Training) simulation training was implemented at SFHFT in the middle of last year. The Trust is declaring partial compliance as some teams still need to complete the training. It will be designated as mandatory training going forward.</p>	<p>JH</p>	<p>04/03/21</p>
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	<p>JM noted there are a number of things which have made mandatory or are specifically required following the Ockenden report and are changes to what was previously in place. It was good to see the Trust is looking to put these recent measures in place and thanked JH for all she and the maternity team are doing.</p> <p>The Board of Directors were ASSURED by the report</p>		
17/868	STRATEGIC PRIORITY 2 – TO PROMOTE AND SUPPORT HEALTH AND WELLBEING		
3 mins	<p>Freedom to Speak Up (FTSU)</p> <p>SH presented the report, advising 52 concerns have been raised so far this year. This is lower than previous years but is in line with national trends. SH advised the FTSU Guardian is doing some proactive work in maternity and respiratory and is in discussion with the National Guardian's Office in relation to the regional equality and inclusion strategy and how FTSU can become a wider system role. A new e-learning package for all leaders in the Trust has been developed.</p> <p>RM queried if the Trust is making satisfactory improvement with FTSU. SH advised bearing in mind the restrictions over the last 12 months, improvement is being made. The FTSU Guardian is being proactive in going to areas where there are challenges. The number of concerns raised in the Trust is not outwith those in other organisation. The reduction in the number of concerns is a national trend.</p> <p>The Board of Directors were ASSURED by the report</p>		
17/869	STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE		
8 mins	<p>Nurse Staffing Board Assurance Framework (BAF)</p> <p>JH presented the report, highlighting the actions being taken to attract and retain nursing and midwifery staff.</p> <p>CW queried what the long term impact of Covid will be on nursing staff who have been working in high intensity areas in terms of their desire to stay in nursing or continue working in an acute setting and have any projections been carried out in terms of additional actions which may be required to fill those gaps.</p> <p>JH advised the Trust has put in lots of support for staff in terms of psychology, coaching, ensuring people's fundamental needs are met while they are at work, etc. There has been no increase in turnover in the last year. It was acknowledged it is difficult to predict how many people may choose to leave. However, the Trust is focussing on ensuring there is a strong pipeline, through 'growing our own'. New roles and ways of augmenting the workforce with different roles across nursing and medicine are being considered. Methods of predicting how many leave staff may leave SFHFT can be investigated and some of the national surveys can be utilised to try to obtain baseline data.</p>		

	<p>DS advised this is an area of national focus with a number of papers starting to be produced in relation to the impact of Covid on staff, including retention and recruitment. Incidents of post-traumatic stress in personnel working in critical care is running at three times what was seen in military personnel returning from the front line in Afghanistan.</p> <p>CT advised Covid has impacted on healthcare in number of ways, including raising the profile of some of the healthcare opportunities available. There is increased activity in people interested in working in healthcare.</p> <p>BB queried which of the issues covered in the report are of most concern. JH advised the critical care super surge is the most concerning issue. A plan is in place but it is tight and there is a reliance on some temporary staffing to reach the capacity of 30 beds. The Trust is busier than the first wave of Covid and during the first wave staff could be pulled from other areas to cover critical care as there were circa 200 empty beds in the organisation.</p> <p>MG noted the Band 5 vacancy rate is still high and felt it would be useful to undertake a deep dive for presentation to the People, Culture and Improvement Committee regarding what additional actions could be taken in relation to recruitment and retention. JH advised the Trust is doing reasonably well in terms of the vacancy rate but this can be looked at further.</p> <p>Action</p> <ul style="list-style-type: none"> • Deep dive to be undertaken in relation to Band 5 nursing recruitment and retention for presentation to the People, Culture and Improvement Committee <p>MG queried what impact Covid is having on international nurse recruitment. JH advised there is a push nationally for international recruitment and the Trust has received funding to support the international recruitment programme. Nine nurses arrived at the Trust in December 2020 and a further nine are due to arrive in February 2021. The Trust always recruits ethically.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>JH</p>	<p>01/04/21</p>
<p>17/870</p>	<p>SINGLE OVERSIGHT FRAMEWORK (SOF) QUARTERLY PERFORMANCE REPORT</p>		
<p>44 mins</p>	<p>PEOPLE AND CULTURE</p> <p>EC provided an update in relation to the package which is in place to support colleagues' health and wellbeing, highlighting recent work in relation to the provision of rest areas and access to food and drink and provided an update on work in relation to 'You said, together we did'.</p> <p>JM noted while it is important to support staff when they are going through a difficult time, they will also require support as they come out of those times and queried if thought has been given to what extra support people will require post Covid.</p>		

<p>EC advised current issues are being dealt with and new needs are being responded to as part of the wellbeing roadshows. The longer term health and wellbeing offer is being looked at as part of the People Plan. CT advised funding has been received for clinical psychology support and this will help to provide support for staff in dealing with the after effects of the pandemic. Work is ongoing at an organisational and system level and the Trust will have access to a system resilience hub for mental health and wellbeing.</p> <p>CT highlighted staff absence rate and occupational health activity remain high. The Trust continues to roll out and support lateral flow testing for staff. The flu vaccination programme will finish at the end of February 2021 and nearly 89% of front line staff have received the flu vaccination, with uptake having improved year on year.</p> <p>MG acknowledged appraisals and mandatory training rose between Covid surges and is within range.</p> <p>TR felt Covid will provide the opportunity to look at what actions were put in place to support staff through Covid and how this may continue post-Covid and queried if there is a national focus on this as it should be viewed as 'business as usual' rather than an exception due to Covid. CT advised there is a lot of work ongoing nationally, regionally, system wide and within the organisation, noting it is encouraging this work is joining up well, for example, the resilience hubs. The aim is to put in place ongoing support for staff which is embedded into the system. EC advised there is a clear directive through the NHS People Plan which focusses on ensuring colleagues are safe and healthy. This links back to health and wellbeing.</p> <p>TR felt some of this support will come through the work of charitable support but there will also be financial implications. Therefore, there is a need for support for staff to be high on the national agenda to help justify any spend.</p> <p>JM noted there are concerns in national and regional debates regarding the support being made available to all staff groups, in particular ethnic minorities. In terms of thinking about how the Trust supports staff in the future, there is a need to take some of the learning from national and regional work and ensure this is embedded in how things are done within the Trust.</p> <p>Action</p> <ul style="list-style-type: none"> • Ensure learning from external sources is taken into account when considering how staff are supported within SFHFT <p>RM advised SFHFT received £122k from the Sir Captain Tom Moore Foundation. This money was predominately spent on supporting the welfare and wellbeing of colleagues.</p> <p>QUALITY CARE</p> <p>DS highlighted the Clostridium difficile (c. diff) rate and healthcare associated Covid. JH highlighted patient experience, advising there were 60 complaints in Q3 and noted the key themes.</p>	<p>EC / CT</p>	<p>04/03/21</p>
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	<p>GW noted the number of patient safety incidents per month has steadily increased. While this is an indicator of an open and transparent culture, GW queried if there were any underlying concerns. JH advised there has been no under reporting or particular areas of over reporting. There have been significantly more beds open within the Trust over the last 8 weeks, meaning there are more patients in the hospital, and the Trust has also been supporting the vaccination hubs. This increase in numbers will account for some of the incident reporting. No themes of concern have been identified and the Trust is collating all Covid related harm.</p> <p>DS advised he views the increase of incidents as a positive step as it is easier to pick up if there are any themes with more reports. The Trust has actively tried to capture Covid related harm.</p> <p>JM felt the Quality Committee should have sight of the data in relation to incidents as it becomes available.</p> <p>Action</p> <ul style="list-style-type: none"> • Quality Committee to monitor patient safety incidents and identify any themes of concern <p>NG noted AHP staffing is becoming increasingly challenged and queried if this is due to Covid, vaccination support or something more structural which requires addressing from a recruitment perspective. JH advised the AHP vacancy rate remains low but there are some hotspots where there are small numbers of AHPs working, for example, dietetics. There is no widespread vacancy concern, but the loss of two staff is felt more acutely in small services. The Trust has secured some funding from the Integrated Care System (ICS) and is looking at placement capacity for the future, career pathways and thinking about how the Trust can attract more BAME AHPs.</p> <p>CW noted the increase in cardiac arrests and queried what actions the Trust can take in terms of ensuring people in the community are encouraged not to delay on signs as this may be part of the reason for the steep rise in cardiac arrests. DS advised until 2-3 months ago the Trust was not capturing cardiac arrests across the whole organisation. The cardiac arrests which were captured were where the cardiac arrest team were called. A wider view is now being taken, which partly accounts for the increase. There is a need to re-base the figure for the SOF for next year. There is no increase in the number of preventable cardiac arrests.</p> <p>TIMELY CARE</p> <p>SB highlighted ED performance remains strong.</p> <p>The overall waiting list is stable at circa 35,000-36,000, with nearly 600 patients waiting over 52 weeks.</p> <p>Overall performance in cancer services has returned to pre-pandemic levels.</p>	<p>JH / DS</p>	<p>01/04/21</p>
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	<p>JM noted the issues in terms of bed access, but occupancy is low compared to plan and sought clarification how this relates. SB advised occupancy is suppressed as beds are inaccessible for longer periods due to moves and enhanced cleaning of areas, etc. As Covid rates reduce, the occupancy rate will normalise and there will be improved flow.</p> <p>BEST VALUE CARE</p> <p>PR outlined the Trust's financial position at the end of Q3.</p> <p>JM noted the overall very good performance, especially given all the current pressures. Thanks were expressed to the Executive Team and the wider organisation.</p> <p>RM advised there is a need to continue to focus on the welfare and wellbeing of staff. Across the wider NHS there is lots of pressure, with the view Covid is beginning to reduce in communities and the expectation the NHS can quickly recalibrate, continue cancer work and bring in day case, inpatients, outpatients, etc. There is a need to 'carve out' the opportunity for staff to have a meaningful break and balance the needs of individual staff members with the needs of individual patients. Planning and feasibility of what may be possible will be discussed at the Board of Directors workshop in February.</p> <p>The Board of Directors CONSIDERED the report.</p>		
17/871	BOARD ASSURANCE FRAMEWORK (BAF) AND SIGNIFICANT RISKS		
2 mins	<p>RM presented the report advising all the principal risks have been discussed by the relevant sub-committees. The changes and amendments which have been made are highlighted in the report. The UK's exit from the EU has not impacted on the Trust's services or provision of equipment required.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework</p>		
17/872	ASSURANCE FROM SUB COMMITTEES		
8 mins	<p>Audit and Assurance Committee</p> <p>GW presented the report, highlighting internal audit and register of interests. DS advised declarations of interests will be added as a component of the appraisal process for clinicians.</p> <p>Finance Committee</p> <p>NG presented the report, highlighting the delay to planning for 2021/2022 and the Trust's cash position.</p> <p>DS left the meeting</p>		

	<p>Quality Committee</p> <p>BB presented the report, highlighting the Joint Advisory Group (JAG) Accreditation for Endoscopy has been reinstated and assurance was received in relation to risks relating to the Private Finance Initiative (PFI) Contract. In addition, the Committee received the annual cancer services report and noted there is an outstanding appointment for the named doctor for adult safeguarding.</p> <p>JM queried the likely timescale for appointing the safeguarding doctor. JH advised the job description has been reviewed as this was not attractive when the post was originally advertised. It is anticipated the post should be out to advert again within the next 4 weeks.</p> <p>People, Culture and Improvement Committee</p> <p>MG presented the report, highlighting the BAF framework review, sickness absence figures, bullying and harassment action plans and the staff survey</p> <p>The Board of Directors were ASSURED by the reports.</p>		
17/873	COMMUNICATIONS TO WIDER ORGANISATION		
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"> • Covid • Maternity • Staff welfare • Performance • FTSU • How the money received from the Sir Captain Tom Moore Foundation has been spent 		
17/874	ANY OTHER BUSINESS		
1 min	No other business was raised		
17/875	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 4th March 2021 via video conference at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12:40</p>		
17/876	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>		

17/877	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
min	No questions were raised.		
17/878	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>		