Healthier Communities, Outstanding Care

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

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

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| **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 |
| | Nigel Marshall | Medical Examiner and Project Advisor to the Medical Director | NM |
| **Observer:** | Becky Cassidy | Interim Trust Secretary, Nottinghamshire Healthcare | |
| | Donna Broughton | Communications Specialist | |
| | Sue Holmes | Public Governor | |
| | Ann Mackie | Public Governor | |
| | Jacqueline Lee | Staff Governor | |
| | Roz Norman | Staff Governor | |
| **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 |
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| **17/891** | **WELCOME** | | |
| 1 min | 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.<br><br>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. | | |
| **17/892** | **DECLARATIONS OF INTEREST** | | |
| 1 min | There were no declarations of interest pertaining to any items on the agenda | | |
| **17/893** | **APOLOGIES FOR ABSENCE** | | |
| **1 min** | There were no apologies for absence. | | |
| **17/894** | **MINUTES OF THE PREVIOUS MEETING** | | |
| **1 min** | Following a review of the minutes of the Board of Directors meeting held on 4th February 2021, the Board of Directors APPROVED the minutes as a true and accurate record. | | |
| **17/895** | **MATTERS ARISING/ACTION LOG** | | |
| **2 min** | The Board of Directors AGREED that actions 17/805, 17/840.2, 17/867, 17/870.1 and 17/870.2 were complete and could be removed from the action tracker.<br><br>Action 17/802 – RM advised he has had a discussion with Integrated Care Partnership (ICP) colleagues. The ICP is keen to evidence where success can be delivered as an ICP, rather than individual organisations. There will be a focus in 2021/2022 on delivering on the Integrated Care System (ICS) agenda.<br><br>The Board of Directors AGREED this action was complete and could be removed from the action tracker. | | |
| **17/896** | **CHAIR'S REPORT** | | |
| **3 min** | 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, highlighting the Trust has received £122k from the Sir Captain Tom Moore Foundation. The areas where this money has been spent were noted.<br><br>JM advised the Trust is entering a period of change and there is a need to identify what is critical in terms of continuing to improve services. | | |

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| | The Board of Directors were ASSURED by the report. | | |
| **17/897** | **CHIEF EXECUTIVE'S REPORT** | | |
| 30 mins | RM presented the report, advising the Trust is moving towards having patients with Covid in the organisation for 12 months and a service will be held to mark this anniversary. RM expressed thanks to colleagues and the wider community for their support over the last 12 months. Things remain challenged and there is a need for the Senior Leadership Team to remain focussed on the key priorities for the organisation.<br><br>SB advised there are currently 64 Covid positive inpatients in the organisation and 15 patients are in the critical care unit. The pressure in critical care continues to affect the Trust's ability to run theatres at King's Mill Hospital, with theatres currently at 40% of normal activity. However, elective operations are running as normal at Newark Hospital and outpatients continue to operate at 80% of pre-Covid levels. Staff absence rate is 7% and this is an improving position. The surge capacity is being de-escalated in some areas. The Trust continues to manage oxygen supply well.<br><br>CT provided an update on the Covid vaccination programme, advising over 45,000 vaccines have been given through the hospital hub. Vaccine supply will increase significantly from 15th March 2021. CT expressed thanks to all staff who have worked on the programme.<br><br>PR provided an update from the NHS Improvement (NHSI) Midlands leaders meeting held on 2nd March 2021, highlighting planning for 2021/2022 and restoring services with the right balance. Recovery will be a focus for NHSI and a recovery cell committee will be established across the region.<br><br>BB queried what the latest staff uptake of the Covid vaccine is and if information is available by staff group. BB noted there is some national debate in relation to whether the Covid vaccine will become compulsory for staff and queried if there have been any local discussions in relation to this.<br><br>CT advised 83% of SFHFT colleagues have been vaccinated and it is possible for staff to drop in for their first vaccination. 78% of Black, Asian and Minority Ethnic (BAME) staff have been vaccinated, 86% of staff who are shielding and 94% of staff aged over 60, which is the age category being reported nationally. The Trust is undertaking some supportive work with colleagues to understand any concerns they may have about the vaccine and provide feedback. Currently the vaccine is not mandatory. However, the conversation is 'live' nationally. Trusts are being encouraged to hold 1:1 supportive conversations to encourage vaccine uptake.<br><br>CW queried if there is any analysis of the work areas of staff who have and have not had the vaccine and if this has been cross referenced with areas where there have outbreaks of Covid infection. CW sought clarification if all Covid vaccinators are required to have a Hepatitis (Hep) B vaccination before they are allowed to vaccinate. | | |

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| | CT advised the Trust now has access to National immunisation records, which need to be cross-referenced with the staff database, thus enabling a greater understanding of the detailed position. To date the Trust has not cross-referenced this information with areas of Covid outbreaks as the information was not available and the focus has been on getting as many people vaccinated as possible. However, this analysis can be done. In terms of the requirements for people vaccinating, the Trust has had to adhere to national requirements in terms of occupational health checks, etc. CT advised she would need to confirm what these requirements are.<br><br>DS advised the Trust is starting to capture information relating to vaccination rate and take up of lateral flow testing.<br><br>GW sought clarification what steps are being taken to positively encourage staff to access the Covid vaccine, noting uptake at Queen Elizabeth Hospital King's Lynne is above 90%. CT advised the Trust is doing targeted communications, working directly with colleagues who are shielding, engaging with staff networks, myth busting and offering drop in sessions. In addition, the Trust is prepared to respond to any further national direction.<br><br>TR noted uptake for the Covid vaccination is currently lower than the flu vaccination rate. The aim should be to achieve the same rate. There has been a focus on protected characteristics and infection in Covid and it would be useful to get an understanding of the Trust's position in relation to this from the workforce, as 60% of deaths from Covid last year were down to people with a disability. CT advised this information will be worked through. CT acknowledged the work of the vaccination hub in supporting young adults with learning disabilities to receive the vaccination.<br><br>RM advised comparing flu and Covid vaccination rates is fair and the Trust will aim to achieve the same uptake for the Covid vaccination as the flu vaccination, noting uptake of the flu vaccination was the highest of all acute trusts across the region.<br><br>JM sought clarification if Medirest staff and volunteers, etc. are included in the information provided. CT advised the 83% figure quoted is SFHFT staff. However, the vaccine has been made available to volunteers and Medirest staff; uptake has been very good from both of those groups. JM felt it would useful to have information on vaccine uptake of those groups of staff included in future updates.<br><br>RM advised he will contact the Chief Executive at Queen Elizabeth Hospital King's Lynn to understand how they strike the balance between personal choice and high vaccine uptake to share learning.<br><br>**Action**<br><br>• **Information on staff groups, work areas, etc. to be included in future updates about Covid vaccine uptake**<br>• **Information on Covid vaccine uptake by volunteers and Medirest staff to be included in future updates**<br>• **National requirements for Covid vaccinators to be circulated to the Board of Directors** | **CT**<br><br>**CT**<br><br>**CT** | **01/04/21**<br><br>**01/04/21**<br><br>**01/04/21** |

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| | • **RM to contact the Chief Executive of Queen Elizabeth Hospital King's Lynn to discuss steps they are taking to promote uptake of Covid vaccination**<br><br>RM acknowledged the work Andy Haynes, former Medical Director and Deputy Chief Executive at SFHFT, has done across the system, noting 4th March 2021 is his last working day as Executive Lead for the Integrated Care System (ICS).<br><br>The Board of Directors were ASSURED by the report | **RM** | **01/04/21** |
| **17/898** | **STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE** | | |
| **17 mins** | **Maternity Update**<br><br>**Maternity and Neonatal Board Safety Champions**<br><br>JH and CW gave a presentation outlining the role of the Maternity and Neonatal Board Safety Champions and the activities undertaken in February 2021.<br><br>NG noted there has been a decline in performance in relation to the Friends and Family Test (FFT) and queried the reason for this, given the quality and safety metrics are good. JH advised a problem with the text messaging service to obtain feedback from women has been identified. Of 441 text messages sent, only 19 replies were received. Therefore, the figures are skewed due to the small sample size. The Trust has asked for the time these messages are sent to be changed as they were being sent between 6am and 7am, which is inappropriate. In addition, paper based questionnaires are being reintroduced in clinical areas to try to increase the response rate.<br><br>MG queried if there were any trends in the comments received from patients. CW advised she recently visited the Pregnancy Day Care Unit and spoke to three women and two partners, all of whom were very impressed with the service and were happy with the service they received.<br><br>DS sought clarification if help and support from across the whole team is being captured to help drive change and recognise what can be done to improve. JH advised there is an obstetric safety champion and neonatal safety champion who are part of this programme. DS advised trainees can also be a rich source of innovation and opinion.<br><br>JM queried if the Trust makes use of the national report on maternity services which allows for benchmarking on a wide range of indicators. JH advised there is a larger maternity dashboard, with a wider cohort of metrics, which is looked at and the Trust benchmarks well. JM felt reports should be brought to the Board of Directors by exception but it may be useful to have an annual update. | | |

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| | **Maternity Perinatal Quality Surveillance Model**<br><br>JH presented the report, highlighting the Apgar score and 61 incidents, all which resulted in low or no harm. JH provided information of what triggers an incident, all of which are known complications of labour. There have been no serious incidents in maternity.<br><br>**NHSR – Safety action 4 update**<br><br>JH presented the report highlighting the elective caesarean section service and the advanced neonatal nurse practitioner workforce.<br><br>The Board of Directors were ASSURED by the reports | | |
| **17/899** | **SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT** | | |
| **37 mins** | **PEOPLE AND CULTURE**<br><br>EC provided an update in relation to the package which is in place to support colleagues' health and wellbeing, highlighting the health and wellbeing road shows, wellbeing conversations and the physiological support available.<br><br>CT advised staff absence rate is starting to reduce, vacancies remain low and the flu vaccination rate for front line staff is 87.4%, which is the highest ever uptake. In addition, CT highlighted the psychological impact of Covid and appraisal uptake.<br><br>MG queried how the Trust's sickness absence rate compares to others and felt it would be useful to undertake a deep dive into sickness absence rate for presentation to the People, Culture and Improvement Committee. CT advised it depends who the comparators are. For example, if Nottinghamshire and bordering counties are the comparator and similar organisations, all are in the same range for absence, particularly absence impacted by Covid. If this is moved wider to other regions across the country, this varies due to higher community prevalence of Covid in certain areas.<br><br>**Action**<br><br>• **Deep dive into staff absence rates to be presented to the People, Culture and Improvement Committee**<br><br>TR queried if there is a timetable to get appraisals back on track. CT advised there is a plan in place but this has changed throughout the year. Appraisal activity was stood down and there was a trajectory to get back on plan towards the end of the calendar year. This has been moved to the end of March 2021, but it is likely this will stretch into the summer months due to standing down activity due to the latest Covid wave. The overall position is relatively good and appraisals are still taking place where possible. The position will improve when staff return to their substantive roles and have capacity to undertake appraisals. | **CT** | **06/05/21** |

**QUALITY CARE**

JH highlighted Clostridium difficile (c. diff) rate and hospital acquired Covid-19 cases. DS advised direction has been received recently from NHSE/I in relation to classifying hospital associated infections.

BB noted the report states a significant number of hospital acquired Covid cases had missed their Day 3 and Day 5-7 Covid swabs, which means they may not be true nosocomial cases. BB queried what the implication of the missed swabs is. JH advised this is a missed opportunity to identify some patients who potentially had community onset Covid. Compliance has improved significantly over the past month.

DS advised the requirement for additional testing was introduced in the autumn as it was recognised a single point of contact swab was missing a number of Covid positive patients. It was noted rapid point of care testing has been introduced in ED.

BB sought clarification if the rapid point of care testing is PCR or lateral flow. JH confirmed this is PCR testing, advising the only area where lateral flow testing is used for patients is for birth partners. SB advised the point of care testing is only used for patients who are admitted, not for every patient who attends ED.

**TIMELY CARE**

SB advised ED performance remains strong, performance in cancer care is slightly outside the predicted range and elective waiting lists remain relatively stable.

NG noted there has been a large increase in the number of 52 week waiters in the last few months. While accepting cancer is a priority, NG queried if there is a plan to get this back to zero in the next few months. SB advised it is unlikely to return to zero 52 week waiters in the next few months as this will take time. The focus is on treating patients with the highest clinical priority through the theatre capacity available. As the year progresses there will be a clear plan on the actions required to reduce the number of patients having long waits, many of whom are in more routine categories. There is a need to be realistic as there are a large number of patients requiring treatment through theatres. National guidance on priorities is awaited.

RM advised the Public Q&A session at the end of March will be utilised to communicate effectively to patients on waiting lists, etc. about what they can expect over the coming months. Internal communication in relation to the Trust's service delivery plans will continue. SB advised 52 week waiters are only 4% of the current waiting list but there is a need to minimise the number of patients who fall into that group.

**BEST VALUE CARE**

PR outlined the Trust's financial position at the end of Month 10.

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| | GW felt it was difficult to work out what the financial graphs are showing, particularly the procurement league table score which is a flat line. PR advised the procurement league table score has not been updated, which is why it is showing as a flat line. Work is in progress to review the SOF and it may be decided some of the financial graphs are not helpful. The Covid financial regime has not helped as the key indicators were agreed before the change in the financial regime.<br><br>NG felt it may be useful to separate Financial Improvement Plan (FIP) achievement into elements due to accounting movements and real cash deliveries as this will help the Board of Directors understand what the underlying real savings are.<br><br>The Board of Directors CONSIDERED the report. | | |
| **17/900** | **HOSPITAL STANDARDISED MORTALITY RATIO (HSMR) UPDATE** | | |
| **22 mins** | NM joined the meeting<br><br>DS presented the report, advising there has been significant progress in reviewing and understanding processes and this has not uncovered any single cause for raised HSMR. Covid has acted as an additional compounding factor in understanding HSMR. The likely outputs from the programme of work, as described in the report, are likely to involve significant cultural change for the way teams work.<br><br>BB confirmed the Quality Committee is well sighted on the work NM and the team are pursuing. BB noted the paper states SFHFT continues to be one of the lowest palliative care coders nationally. This is not a new event as the Trust has historically been a low coder. Therefore, whilst this is of note, it does not explain the reason for HSMR going off track.<br><br>NM advised this is something the Trust is aware of and, therefore, has been cautious in how this is explained. It is likely the Trust is carrying out activity in terms of reflecting the palliative care needs of patients, but this needs to be documented and ascertained if specialist palliative care involvement is required. If there is resolve in coding palliative care, this will reduce HSMR to a level which is more akin with the Trust's regional peers.<br><br>BB queried which of the actions which are underway or planned presents the biggest level of challenge. NM advised culture is a challenge and the first 24-48 hours of care is an area to focus on, ensuring there is senior oversight and decision making to the point of diagnosis.<br><br>JM felt while it is important for the Board of Directors to understand the impact of coding, it is more important to understand why there has been an increase. DS advised the Trust's palliative coding has moved from the bottom quartile to second lowest in country. However, of greater importance is learning and changing processes.<br><br>SB queried what are the top three things which have been learnt since the Board of Directors last discussed HSMR. | | |

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| | NM advised the importance of transparency, openness and working together is recognised, the first 24 hours of care is important, as is learning for juniors. The Trust is starting to look at some crude rates for HSMR which are highlighting where the differences are. It is not clear if the reason for the increase will be fully understood but there will be intelligence to support the reason for the increase.<br><br>DS advised this work may highlight the Trust's Learning from Deaths programme does not actually generate learning. While this has been a national directive and there has been concern nationally about the programme, as an organisation the Trust can dramatically improve this locally.<br><br>MG queried if HSMR is an area where the Trust is influencing system working in terms of what more can be done in relation to integrated care, integrated triage process, etc. NM advised pre-admission and post discharge, or reflection if there has been a mortality, is something which needs to be looked at across the system and the whole patient pathway. There are actions being taken across the system, including access to outpatients, to try to prevent admissions but also ensuring they are appropriate.<br><br>MG queried if the work with the ICP is helping with integrated triaging in terms of admissions. NM advised this has been happening to a degree and there is a genuine desire for this to increase, possibly through utilising virtual wards, better contact pre-admission or pre-referral for outpatients. There is a need to recognise all organisations are responsible throughout the pathway for the best care of the patient. While this might not alter overall mortality, there will be an improved understanding of the distribution as we start to look at community and hospital. There is a need to ensure processes are in place to understand where improvements can be made.<br><br>JH queried if there have been any changes to clinical practices as a result of this work and if the Trust will be working with other exemplar organisations. NM advised there have been some delays as due to Christmas and Covid pressures it has not been possible to arrange some of the additional meetings. Some of the changes will start to be driven through over the next 1-2 months, with some walk-throughs for consultants. Some areas have been recognised for the standard of care and there is a desire to consider how they are working, but it has to be considered in context as what might work for one population will not necessarily work for another. HMSR requires PMO oversight as it runs across the whole organisation.<br><br>JM felt there is a need to consider how to continue the work so it is embedded.<br><br>**Action**<br><br>• **Quality Committee to monitor HSMR. Frequency of HSMR updates to the Board of Directors to be determined, taking into account Quality Committee workplan**<br><br>The Board of Directors ACKNOWLEDGED the update | **DS** | **01/04/21** |

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| | NM left the meeting | | |
| **17/901** | **STANDING FINANCIAL INSTRUCTIONS (SFIs) AND STANDING ORDERS AND SCHEME OF DELEGATION** | | |
| 2 mins | PR presented the report advising the Standing Financial Instructions (SFIs) and Scheme of delegation have been reviewed. There are some minor amendments which have been approved by the Audit and Assurance Committee.<br><br>The Board of Directors APPROVED the Standing Financial Instructions (SFIs) and Standing Orders and Scheme of Delegation | | |
| **17/902** | **ASSURANCE FROM SUB COMMITTEES** | | |
| 4 mins | **Finance Committee**<br><br>NG presented the report, highlighting the financial strategy and advising planning guidance is still awaited and an ICS Finance Committee has been established.<br><br>**Charitable Funds Committee**<br><br>TR presented the report, highlighting the review of a new financial reporting system for the Charitable Funds Committee, the reporting of accounts from Charitable Funds and the End of Life Project.<br><br>The Board of Directors (as Corporate Trustee) APPROVED the End of Life Service Enhancements and for Charitable Funds to be reported in non-consolidated form in the Trust's Annual Report and Accounts.<br><br>The Board of Directors were ASSURED by the reports. | | |
| **17/903** | **COMMUNICATIONS TO WIDER ORGANISATION** | | |
| 2 mins | The Board of Directors AGREED the following items would be distributed to the wider organisation:<br><br>• Transition into 2021/2022<br>• Vaccination progress<br>• Maternity update<br>• Challenges in SOF and HSMR<br>• Planning guidance awaited | | |
| **17/904** | **ANY OTHER BUSINESS** | | |
| 1 min | **Use of the Trust Seal**<br><br>SH presented the report, advising the Trust Seal (Seal number 90) was affixed to a document on 17th February 2021.<br><br>The Board of Directors APPROVED the Use of the Trust Seal | | |

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| **17/905** | **DATE AND TIME OF NEXT MEETING** | | |
| | It was CONFIRMED the next Board of Directors meeting in Public would be held on 1st April 2021 via video conference at 09:00.<br><br>There being no further business the Chair declared the meeting closed at 13:05 | | |
| **17/906** | **CHAIR DECLARED THE MEETING CLOSED** | | |
| | Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.<br><br>John MacDonald<br><br>**Chair** **Date** | | |

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| **17/907** | **QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT** | | |
| min | No questions were raised. | | |
| **17/908** | **BOARD OF DIRECTOR'S RESOLUTION** | | |
| 1 min | **EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting**<br><br>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:<br><br>"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."<br><br>Directors AGREED the Board of Director's Resolution. | | |