

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 09:00 on  
Thursday 3<sup>rd</sup> February 2022 via video conference

<b>Present:</b>	Claire Ward	Chair	CW
	Manjeet Gill	Non-Executive Director	MG
	Graham Ward	Non-Executive Director	GW
	Neal Gossage	Non-Executive Director	NG
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	StB
	Aly Rashid	Non-Executive Director	AR
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Richard Mills	Chief Financial Officer	RM
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Julie Hogg	Chief Nurse	JH
	David Selwyn	Medical Director	DS
	Emma Challans	Director of Culture and Improvement	EC
	Simon Barton	Chief Operating Officer	SiB
Clare Teeney	Director of People	CT	
Marcus Duffield	Associate Director of Communications	MD	
<b>In Attendance:</b>	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	DH
	Kerry Bosworth	FTSU Guardian	KB
	Alison Steel	Head of Research and Innovation	AS
	Rebecca Freeman	HR Manager	RF
<b>Observers:</b>	Sue Holmes	Public Governor	
	Roz Norman	Staff Governor	
	Jacqueline Lee	Staff Governor	
	Linda Dales	Appointed Governor	
	Andrew Marshall	Deputy Medical Director	
	Robin Binks	Deputy Chief Nurse	
	Maggie McManus	Deputy Chief Operating Officer (waiting to take up post)	
	Khalid Khan	Consultant	
	Mostafa Gindy	Speciality Doctor	
	Beth Hall	Business Support Officer – Culture and Improvement	
	Deborah Dowsing	Communications Officer	
	Claire Page	360 Assurance	
Julie Tasker			
<b>Apologies:</b>	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
<b>18/284</b>	<b>WELCOME</b>		
1 min	<p>The meeting being quorate, CW 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 regarding 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&amp;A function. All participants confirmed they were able to hear each other.</p>		
<b>18/285</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
<b>18/286</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	There were no apologies for absence.		
<b>18/287</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors in Public held on 6 <sup>th</sup> January 2022, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>18/288</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that actions 18/260.1 and 18/260.2 were complete and could be removed from the action tracker.		
<b>18/289</b>	<b>CHAIR'S REPORT</b>		
2 mins	<p>CW 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. CW advised Neal Gossage, Non-Executive Director, is not seeking reappointment when his term ends on 30<sup>th</sup> April 2022, having served 7 years on the Board of Directors. CW expressed thanks to Neal for his contribution to the Trust. The process to recruit a new Non-Executive Director will be considered by the Council of Governors on 8<sup>th</sup> February 2022.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>18/290</b>	<b>CHIEF EXECUTIVE'S REPORT</b>		
3 mins	PR presented the report, highlighting the Trust's response to the Omicron wave, support from the military, Covid vaccinations and health and wellbeing support for staff, noting the appointment of Sarah Toft, Lead Clinical Psychologist, and Amy Gouldstone, People Wellbeing Lead.		

<p>5 mins</p>	<p>PR advised Julie Hogg, Chief Nurse, has been appointed as Chief Nurse at University Hospitals Leicester and will take up her new role in the coming months. PR expressed thanks to Julie for her support and contribution to the Trust. The process of recruiting a substantive replacement will begin shortly.</p> <p>PR also expressed thanks to Neal for his support and challenge during his time as a Non-Executive Director and Chair of the Finance Committee.</p> <p>The Board of Directors were ASSURED by the report</p> <p><b>COVID-19 Vaccination Update</b></p> <p>CT presented the report, advising over 198,000 vaccine doses have been administered through the Hospital Hub. The Hub has been approved to provide an Overseas Vaccination Validation service and to vaccinate 5-11 year olds. CT expressed thanks to all colleagues working on the vaccination programme.</p> <p>In terms of the requirement for individuals undertaking CQC regulated activities in England to be fully vaccinated against Covid-19, this is currently paused. The Secretary of State has announced there will be a wider consultation in relation to making the vaccine mandatory. Depending on the outcome of the consultation, the legislation may or may not stand. In the meantime, the Trust is not progressing in terms of the vaccine being mandated. However, person centred conversations with colleagues who have not been vaccinated and validation of records continues. It was noted over 95% of colleagues within the Trust have been vaccinated.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>18/291</p>	<p><b>STRATEGIC OBJECTIVES UPDATE</b></p>		
<p>19 mins</p>	<p>EC presented the report, highlighting the investment which has been secured to fund a Health and Wellbeing Lead and to support colleagues' psychological needs, progression in relation to the Trust's vision for continuous improvement, increased partnership working and Pathways to Excellence.</p> <p>NG sought clarification in relation to the figures quoted in Table 1 of Appendix A of the report, noting this shows a percentage reduction month on month, but the cumulative position is showing an increase. SiB advised he would check the figures and provide an update to members of the Board of Directors.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Figures on Table 1 of Appendix A of the Strategic Objectives update report (Objective 1 – To provide outstanding care) to be checked and the outcome shared with members of the Board of Directors</b></li> </ul>	<p>SiB</p>	<p>03/03/22</p>

MG queried what the key headlines are in the Mental Health Strategy. In relation to health inequalities and equitable access, MG queried if the Public Health Inequalities Monitoring Toolkit has been used. DS advised the Toolkit has been delayed due to the pandemic, but it will be utilised when it is received.

JH advised the Mental Health Strategy is aligned to the Trust's objectives and includes giving equal priority to mental and physical health, improving the emergency pathway, collaborating with Nottinghamshire Healthcare and the process for children and young people. It addresses the mental health in both colleagues and patients and looks at training needs for the workforce.

CW queried if the financial efficiency opportunities will be met by year end. RM advised across the system there has been some difficulty in delivering the overall efficiency, given the emergence of the Omicron variant. In looking at planning for 2022/2023, there has been a reset of the system. The savings logic behind the efficiencies is being looked at and there are groups established within the system to help accelerate this work.

AR queried if there are opportunities for staff to have 'passports' to enable them to work across different organisations. CT advised there is a programme of work across the Integrated Care System (ICS) looking at this issue. The Trust is signed up to a passport system to enable staff to work across different organisations more easily. Initially the work is focussed on the three provider trusts. Once this is embedded, it can be rolled out at scale across the wider health and care system. As part of the work linked to the Covid vaccination programme, SFHFT hosted the workforce resource hub. That hub is now being developed into a system wide collaborative bank. SiB advised a number of health care support workers from SFHFT have recently worked on the bank for Nottinghamshire Healthcare providing homecare services.

BB queried, in terms of the year ahead and in the context of increasing emphasis on provider collaboratives, what opportunities will need to be pursued on that agenda which marry with the Trust's own strategic objectives and what mechanism is there for the wider Board of Directors to shape and determine the priority areas for the year ahead.

EC advised some work has been undertaken looking ahead, particularly looking at the priorities and taking into consideration integrated working, provider collaboratives and system transformation. This work has involved engaging with clinical and non-clinical senior leaders. There will be further discussion at the Board of Directors development session in March 2022.

PR advised at the Board of Director's development session in March, there will be a discussion in relation to how the Integrated Care System is developing and consider how the strategic objectives are forming. In addition, the non-executive directors have been invited to attend provider collaborative events.

	<p>AH queried how the innovation hub will be used to inform the priorities for 2022/2023. EC advised the Trust has been working closely with key partners and leads. A baseline assessment has been undertaken in relation to the effectiveness of the Trust and partners with regards to innovation and what platforms and opportunities there are to come together. The Trust has worked closely with the East Midlands Academic Health Science Network, partners across mid-Nottinghamshire and the research and innovation lead. The intent is to have a multi professional group of leads in place by April 2022 to provide a virtual innovation hub, bringing in learning, ideas and solutions. As the hub gets established, there will be an opportunity to bring ideas into SFHFT and at Place level to continue to improve and transform as an organisation and system.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>18/292</p>	<p><b>STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE</b></p>		
<p>18 mins</p>	<p><b><u>Maternity Update</u></b></p> <p><b><i>Safety Champions update</i></b></p> <p>JH presented the report, highlighting the Professional Midwifery Advocate Programme, Maternity Voices Partnership, Maternity Safety Champion walkaround, Maternity Forum and the Tobacco Dependence Treatment Service.</p> <p>CW noted the virtual Covid ward for maternity was very busy before Christmas and this formed part of the feedback from staff during the walkaround. CW queried what feedback has been received from patients about the use of the virtual ward and what lessons can be learnt in terms of using virtual ward in other circumstances in the future.</p> <p>JH advised there has been no formal feedback, but anecdotally many women have found it very assuring. Having home oxygen monitoring and daily calls has been comforting for women. However, as the pandemic has progressed, people are not always at home for the call from the team. It is noted daily calls are not appropriate for everyone and, therefore, there has been a move to a stratified approach. This can be applied to other areas and there is a need to stratify patients according to risk. There is a piece of work to do in relation to virtual wards and a lot of work is happening regionally in terms of evaluation.</p> <p>DS advised there is a significant national drive towards the use of virtual wards, with a number of areas being explored. Virtual wards extend the reach of acute trusts into the community and acts as a 'safety net'. What remains to be fully answered is if virtual wards are a new service or what gap they are filling.</p> <p>MG queried how tools such as equality impact assessments are being used for new initiatives and services and how they help to target equitable access. MG noted the national announcement in terms of levelling up funds and strategy and queried how the Trust is engaged in partnerships in terms of influencing the health inequalities agenda.</p>		

JH advised every new policy and service has an inequality assessment. For example, the assessment of the continuity of carer model showed women from ethnic minorities and areas of deprivation are more likely to have adverse outcomes. Therefore, teams have been centred on those populations.

PR advised he has initiated conversations with leaders of the local district councils and regular updates are received. There is a need to ensure the Trust's contribution and role within the community is made known. This will be a direct focus for the Director of Strategy and Partnerships.

BB queried if there will be a longitudinal component in relation to smoking cessation which looks at women several years after the intervention to assess if they have maintained their smoke free status. In addition, will there be an evaluation to compare and contrast different models and look at why they are more, or less, successful.

JH advised there will be an evaluation looking at the longitudinal impact. There is an opportunity to work with Nottingham Trent University. The Trust is establishing nursing, midwifery and AHP led research and there will be research fellows as part of that. This would be a good project for one of those fellows. There is continuous evaluation across the different models currently being used.

DS advised across the system there is a need to be cognisant smoking prevention will require significant funding.

AH queried if it is known from bookings what pressure the maternity service is likely to face over the next 6-9 months. JH advised there was a rising demand curve, but this is now levelling off. There are no concerns in relation to the Trust's ability to deliver care for these women in the coming 6 months. However, there is a need to continually monitor the situation as services change in surrounding trusts.

The Board of Directors were ASSURED by the report

***Maternity Perinatal Quality Surveillance***

JH presented the report, highlighting obstetric haemorrhage, Apgar, Friends and Family Test, home births service and staffing incidents.

NG noted the Apgar score and queried if there was anything further which needed to be done to care for women during childbirth. JH advised a deep dive will be presented to the Maternity Assurance Committee and then the Quality Committee. There was an inquest where it was felt the Apgar score was over estimated. Teaching sessions with midwives have been undertaken to ensure the Apgar score is reflective of the baby's condition at the time. There is a need to triangulate this information with outcomes. Term admissions remain as expected and babies are not going for cooling due to being born in poor condition. Triangulation offers some assurance, but the deep dive will provide further detail.

The Board of Directors were ASSURED by the report

18/293	<b>STRATEGIC PRIORITY 2 – TO PROMOTE AND SUPPORT HEALTH AND WELLBEING</b>		
40 mins	<p><b>Freedom to Speak Up (FTSU)</b></p> <p>KB joined the meeting</p> <p>KB presented the report, highlighting an increase in the number of concerns raised, concerns are increasingly being raised openly, FTSU Champions, Stage 1 data intelligence, themes identified, growth in FTSU and national lessons learnt.</p> <p>CW sought clarification if the FTSU Champions are representative across all aspects of the Trust in terms of divisions, services and levels within the organisation. KB advised the FTSU Champions are a diverse range of colleagues from different roles, backgrounds, etc. Currently there is no dedicated FTSU Champion for Mansfield Community Hospital. However, additional champions will be recruited in March 2022 and some targeted recruitment will be undertaken.</p> <p>BB queried how intelligence from the FTSU programme is triangulated with intelligence from Patient Experience, staff churn, quality improvement initiatives, etc. EC advised a piece of work looking at cultural insights will be presented to the Executive Team in February. This takes into consideration patient experience, complaints and compliments, staff survey, FTSU, etc. and links in with HR business partners to gather intelligence. The Equality, Diversity and Inclusion Lead has also been involved in this work.</p> <p>StB queried how the Board of Directors can be assured regarding progress of the FTSU agenda, if there is anything further which needs to be done to support FTSU and sought clarification if the Board of Directors are assured sufficient actions are in place to deal with some of the themes identified.</p> <p>EC advised, from the intelligence received, a multi-professional group is established to look at the insights and identify current offers which need to be strengthened or built on or identify any gaps. For example, how to enhance managers' inductions has been considered. By having culture insights on a regular basis, it is possible to agree a number of priorities and/or actions.</p> <p>CT noted people raising concerns felt able to be more open about who they are, which is a good indicator of a culture which is opening up in terms of transparency. In terms of continuing to develop the culture at SFHFT, increasingly there is a positive, fair and equitable experience for colleagues. Areas which need further work relate to support for line managers, the relationship staff have with their line managers and bullying and harassment, which links to aspects of discrimination.</p> <p>JH advised a concern was raised through FTSU in relation to the Urgent Care Centre (UCC) at Newark Hospital and working conditions for colleagues. JH advised she and SiB met with the team and agreed an action plan, which is being monitored by the Executive Team. This has been followed up by KB to confirm the actions being taken are what the team at the UCC require and if improvements are evident.</p>		

This same process is followed to manage any concerns which come through at executive level. If problems are suspected in a particular area, KB is approached to undertake a focussed piece of work to validate if action is required or not.

In terms of the experience of international colleagues, the Executive Team have agreed a piece of work in relation to cultural humility. The programme, which will be delivered by the University of Nottingham, is called Ready to Listen, Ready to Talk. This will start at Board level and go down to front line colleagues.

GW felt it would be helpful for future reports to include feedback from people who have raised concerns. KB advised the feedback received when a concern is concluded is positive. However, there is an issue with the return rate. People do not always get the resolution they hoped for, but most people feel the process is helpful. KB advised she receives a timely response to concerns raised. Ways to improve feedback are being considered and information received can be included in future reports.

AR queried how the visibility of line managers is being addressed and felt it important medical colleagues do not fear reprisal from raising concerns. PR acknowledged it is important line managers are visible to all staff and this is an issue which has been raised in the staff survey. Through that route, the Trust will consider how to move forward and discuss with divisional colleagues to ensure this happens throughout all the senior leadership group.

DS welcomed the fact medical colleagues are increasingly reporting concerns via FTSU, noting there are other routes of escalation available to medics. Staff are starting to have confidence in DS to allow him to share feedback or obtain more details to investigate concerns. Information was released nationally on social media in relation to sexual discrimination and harassment, particularly among surgical trainees. This has been addressed within the Trust and steps taken to identify if this is an issue within SFHFT. This led to a piece a work which will continue to move forward. No concerns have been identified in relation to sexual harassment, but people felt disadvantaged as a result of gender.

KB advised the national awareness did start a conversation. It was useful as the champions had conversations which led to Stage 1 data being available.

MG advised discussions have taken place at the People, Culture and Improvement Committee in relation to behaviour, culture and the speaking up agenda. The Committee receives various elements of assurance and this is ongoing.

NG noted measures will be introduced from April to assess the changing culture and queried what the quantitative measures will be. EC advised the quantitative measures will relate to the key metrics within the staff survey and other areas such as the number of complaints, or other areas registered, for example, through Datix, FTSU concerns, etc. This will be supported by qualitative information.



	<p>NG queried if there will be any measures which are not currently in place, or if current measures will be amalgamated. EC advised the main purpose of culture insights is for information to be collated to enable triangulation and identify any interdependencies and connections. This work is a learning opportunity for the Trust.</p> <p>JH advised in terms of the visibility of nursing, midwifery and AHP leadership, ward leaders, matrons and heads of nursing work across the seven day week. Therefore, senior colleagues are on site every day. KB advised comments and concerns in relation to visibility came from a wide range of colleagues, with the majority in business and administration teams over the last quarter. Line managers are more visible, particularly those working over several sites. The nursing leaders are very visible.</p> <p>SiB queried if there were any examples of people who have spoken up to their line manager and the line manager has listened and taken action. SiB noted sometimes concerns are raised when there is a change which the line manager is unable to influence and queried what support is available for line managers in this instance.</p> <p>KB advised most people who raise FTSU concerns do so due to barriers with their line manager. Therefore, information in relation to issues being resolved by line management is not available.</p> <p>PR advised there have been examples of discussions in a reflective environment, following FTSU concerns being raised. Line managers may not be able to respond but have shown they have listened but not necessarily responded in the way the colleague raising the concern would have preferred.</p> <p>The Board of Directors were ASSURED by the report</p> <p>KB left the meeting</p>		
<p>18/294</p>	<p><b>STRATEGIC PRIORITY 4 – TO CONTINUOUSLY LEARN AND IMPROVE</b></p>		
<p>16 mins</p>	<p><b>Research Strategy – Quarterly Update</b></p> <p>AS joined the meeting</p> <p>AS presented the report, highlighting recruitment to studies, finance, patient experience and research priorities.</p> <p>SiB queried if there is any research, outside of Covid, which the Trust has been involved with from which patients are now seeing the benefits. AS advised this is something which is difficult to measure in terms of impacts and outcomes. A piece of work was undertaken about two years ago which tracked studies the Trust had been involved with to see if they resulted in any change to practice, and there have been several. This work has not been repeated due to Covid. However, AS advised she had recently heard of a study which the Trust undertook and which has changed practice in some regions. Consideration will be given to doing another piece of work to look at this.</p>		

	<p>AH queried what 'good' looks like in terms of equity and inequalities, particularly in relation to cancer, and queried if there are opportunities for the Trust to be more proactive. AS acknowledged access to cancer studies is possibly not equitable. One of the barriers is the service provided at SFHFT means there are only certain studies the Trust can participate in. However, the cancer portfolio is good for the size of the Trust. Part of the work being undertaken with ICS research partners is to look at inequity and the main common priorities for research.</p> <p>The Board of Directors were ASSURED by the report</p> <p>AS left the meeting</p>		
<b>18/295</b>	<b>STAFF STORY – CLINICAL FELLOWS PROGRAMME</b>		
28 mins	<p>RF joined the meeting</p> <p>RF presented the Staff Story which highlighted the Clinical Fellows Programme.</p> <p>CW acknowledged the progress made and the contribution the Clinical Fellows make to the Trust.</p> <p>SiB sought RF's views as to how clinical fellows can become the consultants of the future. RF advised the two options are to leave the Trust and move into the trainee programme or remain with the Trust. Sometimes clinical fellows do hit a 'ceiling' and not everyone wishes to be a consultant. In addition, the Trust does require the middle grade support. There is a need to think more about having a structured approach and investing in terms of the support required to get people through as speciality doctors and potentially as specialists, aiming towards the consultant role.</p> <p>CT thanked RF for her work and queried what she has personally learnt from the process. RF advised she has learnt not to be afraid to do things differently. Some resistance was faced early in the programme and it took some time to convince heads of service the programme was the right direction of travel.</p> <p>DS advised the CESR (Certificate of Eligibility for Specialist Registration) is an alternative way of becoming a consultant, but it is a laborious and complicated process. The specialist grade role may help to address this and be used as a route to help people become autonomous, independent practitioners without having to achieve the CESR process. DS acknowledged the work involved in starting the Clinical Fellows programme, noting it is an important programme for the Trust.</p> <p>RF left the meeting</p>		
<b>18/296</b>	<b>TRUST'S RESPONSE TOOMICRON WAVE</b>		
11 mins	<p>SB presented the report, highlighting surge planning, opening of the Respiratory Support Unit and development of a super surge plan.</p>		

	<p>JH advised twice daily meetings were held in relation to nursing, midwifery and AHP staffing to review workforce across the organisation. The Trust developed a Covid-19 redeployment plan and an exceptional workforce loss minimum staffing plan, which were complimented by the super surge staffing plan. A 24/7 matron and head of nursing rota was in place which could be stepped up to support colleagues in the event of a major incident being declared. Despite the workforce loss experienced, none of these plans had to be implemented from a nursing, midwifery and AHP perspective. There was one exceptional loss implemented in maternity on 26<sup>th</sup> December 2021, which was approved by Gold on Call. There was no adverse outcome.</p> <p>DS advised the Trust had an established twice weekly 'touch base' with clinical chairs, HR and senior leaders to ensure staffing was appropriate, which was stepped up to a daily meeting. There were a series of escalations which the divisions led, with oversight via the Clinical Chairs' group, to ensure divisions were sighted of what was happening in other areas.</p> <p>EC advised the Trust has a comprehensive health and wellbeing offer in place for staff which has been enhanced. There are wellbeing conversations to support colleagues, supportive team conversations and work has started in relation to critical debriefs.</p> <p>CT advised the Trust supported the booster vaccination campaign, with capacity within the Hospital Hub increasing by 35%. Some colleagues were redeployed to support the programme. Support was provided to address vaccine hesitancy by putting on additional support and communication sessions.</p> <p>SiB advised the Trust's planning worked well, critical care did not exceed more than 15 patients during the surge and, despite workforce loss, the Trust was able to provide safe minimum staffing levels. 30 Covid positive patients were admitted on 25<sup>th</sup> December 2021, and this led to a challenging week with some crowding in ED. However, ambulance turnaround times were not affected. There will be some reduction in elective activity for January.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p><b>18/297</b></p>	<p><b>SINGLE OVERSIGHT FRAMEWORK (SOF) QUARTERLY PERFORMANCE REPORT</b></p>		
<p>34 mins</p>	<p><b>PEOPLE AND CULTURE</b></p> <p>EC highlighted staff survey, vision for continuous improvement and staff wellbeing.</p> <p>CT highlighted workforce capacity, advising workforce loss increased through December 2021 and peaked in the first week of January 2022 at an overall loss of 11%.</p> <p>NG noted sickness absence is 20% higher than has been seen previously and queried what more could be done to impact on this and return to more normal levels of sickness absence.</p>		

CT advised this is going to be difficult and there is an increase in general sickness absence across all NHS organisations, possibly as a consequence of the way people have been working. There is a need to have a good programme of health and wellbeing support in place and ensure there is the right workforce capacity. The Trust is doing everything possible to support the health and wellbeing of colleagues in order to mitigate ongoing higher than normal levels of sickness absence.

**QUALITY CARE**

DS highlighted never events and serious incidents.

JH highlighted falls, nosocomial Covid infections, MRSA and dementia screening.

BB noted the SOF refers to December data and queried if there has been an improvement through January. JH advised the number of nosocomial Covid infections is reducing, there have been no further cases of MRSA bacteraemia in January and Clostridium difficile (C.diff) remains stable.

AH noted there will be an audit in relation to never events from March 2022 and sought clarification if assurance in relation to this will flow through the Quality Committee. There is a correlation between peaks of Covid and falls and AH queried if there are any lessons to be learnt in relation to this.

DS confirmed the programme of work in relation to never events will be reported through the Quality Committee.

JH advised the Trust has maintained patients should go to the correct speciality, irrespective of Covid status. Work is underway to establish if this is increasing falls due to the inability to cohort patients in the same way as if there were no Covid patients on the ward. In addition, work is ongoing looking at the number of moves patients have had who have had a fall and those who have nosocomial Covid. The need to reintroduce visiting was acknowledged as visitors can support with falls in terms of having more eyes on the ward. Currently there are too many outbreaks of Covid to reinstate visiting, but JH advised she was hopeful this could happen in the next couple of weeks.

GW noted the SOF looks backward, but felt it would be useful if information on progress and future projections could be included, particularly in relation to elective recovery. There is a focus on recovery in the operating framework for 2022/2023 and there will be clear indicators in the SOF for next year in relation to recovery to provide greater visibility. It was noted activity has returned to 2019 levels. There are currently eight patients who have been waiting over two years, but this figure is expected to be zero by the end of March 2022.

**TIMELY CARE**

SiB advised the ED 4 hour was 82.5%, ranking SFHFT fourth in the NHS. Admitted waiting times were, on average, 45 minutes longer than they were in December 2019, with non-admitted waiting times marginally better. There were 56 patients during December 2021 who waited over 12 hours for admission. A sample of those patients, in terms of any harm they might have experienced, will be presented to the Patient Safety Committee and on to the Quality Committee. However, all those patients received appropriate nursing and care and were progressed to a ward as soon as possible. There were a high number of patients within the Trust who were medically fit and were waiting for discharge. Partners experienced workforce loss, which impacted on their capacity to arrange onward care. Ambulance turnaround times remained very good.

In terms of cancer care, the Trust continues to meet the reforecast trajectory. A report was presented to the Quality Committee in relation to patients who are in the backlog and how they are 'safety netted'. Referral demand remains high, with 230 more patients being referred on a two week wait than in 2019. There is a need to start planning at ICS level in terms of the capacity required to ensure timely treatment.

NG queried if the Trust has adequate diagnostic capacity available and how the referral rates into the Trust compare to the national picture. SiB advised diagnostic capacity is improving and there are a number of temporary diagnostic facilities on site. However, there is more work to do. Patients being referred tend to have more complex cancers, requiring longer time to diagnosis. There is a need to work together with NUH as part of the Provider Collaborative, as a lot of patients move between both trusts. The diagnostic capacity of both trusts is starting to be used.

Prior to the Covid pandemic, the Trust had relatively low levels of cancer referrals per population. There has been higher levels of growth in terms of referrals for our area. However, it is positive patients are being referred. The growth seen is different to other areas, but it is bringing the Trust into a normal position. There is a need to work across the system to ensure diagnostic capacity is sufficient.

**BEST VALUE CARE**

RM outlined the Trust's financial position at the end of Month 9.

CW queried how the Trust's performance compares to other trusts and systems in terms of ability to meet the targets for Elective Recovery Fund (ERF). RM advised only a few systems have delivered in terms of ERF in December 2021. SFHFT was one of the better performing trusts in the region for ERF. There is a recognition within NHSE/I that ERF funding has not been allocated as expected. The consequences for SFHFT have been more severe than other Trusts as plans did assume a level of ERF funding; other providers were not in the position to assume that.

The Board of Directors CONSIDERED the report

<b>18/298</b>	<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>		
9 mins	<p>PR 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. It was noted four of the principal risks are significant risks and two are above their tolerable risk ratings.</p> <p>CW queried if there is a need for further reflection in terms of PR3, critical shortage of workforce capacity and capability, given the changes to the guidance in relation to mandatory Covid vaccinations. MG advised the risk rating for PR3 was increased following a discussion at the People, Culture and Improvement Committee on 31<sup>st</sup> January 2022, noting this was in the environment of uncertainty in terms of the Covid vaccination. The national announcement was made after the meeting. Therefore, the risk rating may need to be revised.</p> <p>CT advised there are other factors at play in relation to the scoring of PR3, for example, the continued overall high levels of workforce loss, the guidance in relation to mandatory Covid vaccinations is still unfolding, there are increasing challenges to attracting and retaining colleagues across the NHS and there is an issue in relation to pension abatement.</p> <p>SH noted the BAF is a dynamic document and while it is owned by the Board of Directors, the detailed discussions about the scoring of the risk ratings should take place within the sub committees.</p> <p>BB advised there was a good debate at the last meeting of the Quality Committee in relation to PR1, significant deterioration in standards of safety and care. The Committee will give due consideration to the risk rating at the next meeting.</p> <p>PR advised there are robust processes in place for review and ownership of the risk ratings by the sub committees which provides assurance to the Board of Directors.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework</p>		
<b>18/299</b>	<b>APPLICATION OF THE TRUST SEAL</b>		
1 mins	<p>SH advised the Trust Seal has not been used in the last quarter.</p> <p>The Board of Directors ACKNOWLEDGED the update</p>		
<b>18/300</b>	<b>NON-EXECUTIVE DIRECTOR CHAMPION ROLES</b>		
3 mins	<p>SH presented the report, advising guidance has been received in relation to reducing the number of Non-Executive Director (NED) Champion roles. The champion roles to be retained are outlined in the report, as are the current roles and the committee where the topic will be considered.</p> <p>The Board of Directors APPROVED the changes to the NED Champion roles</p>		

18/301	<b>ASSURANCE FROM SUB COMMITTEES</b>		
13 mins	<p><b>Audit and Assurance Committee</b></p> <p>GW presented the report, highlighting implementation of internal audit recommendations, non-clinical policies and the National Audit Office Cyber and Information Security Good Practice Guide.</p> <p><b>Finance Committee</b></p> <p>NG presented the report, highlighting deterioration in the forecast for 2021/2022, financial planning for 2022/2023 and 360 Assurance report in relation to the integrity of the general ledger and financial reporting.</p> <p><b>Quality Committee</b></p> <p>BB presented the report, highlighting an update on the 62-day cancer backlog, virtual clinics review, obstetric haemorrhage deep dive, challenged services, C.diff and ophthalmology.</p> <p><b>People, Culture and Improvement Committee</b></p> <p>MG presented the report, highlighting recruitment of international nurses, staff survey, People, Culture and Improvement Strategy and Quarter 3 update in relation to the People, Culture and Improvement programme.</p> <p><b>Charitable Funds Committee</b></p> <p>StB presented the report, highlighting approval of the use of charitable funds to support the staff wellbeing post and approval to continue the non-consolidation of charitable funds in the Trust's accounts.</p> <p>The Board of Directors were ASSURED by the reports</p>		
18/302	<b>OUTSTANDING SERVICE – MEDICAL EQUIPMENT MANAGEMENT DEPARTMENT</b>		
4 mins	A short video was played highlighting the work of the Medical Equipment Management Department.		
18/303	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
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"> <li>• FTSU</li> <li>• Research</li> <li>• Staff story – Clinical Fellows Programme</li> <li>• Reflection on a busy and challenging period</li> <li>• Thanks to staff and volunteers for their hard work and commitment</li> <li>• Covid vaccinations</li> </ul>		

18/304	<b>ANY OTHER BUSINESS</b>		
	No other business was raised.		
18/305	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 3<sup>rd</sup> March 2022 via video conference at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12:45</p>		
18/306	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p><b>Chair</b> <span style="float: right;"><b>Date</b></span></p>		



18/307	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
	No questions were raised.		
18/308	<b>BOARD OF DIRECTOR'S RESOLUTION</b>		
1 min	<p><b>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting</b></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>		