

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on
Thursday 9th June 2022 in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Manjeet Gill	Non-Executive Director	MG
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	StB
	Aly Rashid	Non-Executive Director	AR
	Andrew Rose-Britton	Non-Executive Director	ARB
	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
	Phil Bolton	Chief Nurse	PB
	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	
In Attendance:	Andrew Marshall	Deputy Medical Director	AM
	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	DH
	Martin Cooper	Guardian of Safe Working	MC
	Elaine Torr	Divisional General Manager for Networks and Collaboration	ET
	June Morley	Lung Cancer Nurse Specialist	JM
	Sue Glover	Lung Cancer Nurse Specialist	SG
	Giles Scott	Chest Physician	GS
Observers:	Maggie McManus	Deputy Chief Operating Officer	
	Rob Simcox	Deputy Director of People	
	Richard Brown	Head of Communications	
	Julie Tasker		
Apologies:	David Selwyn	Medical Director	DS

Item No.	Item	Action	Date
18/426	WELCOME		
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 in person 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.</p>		
18/427	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
18/428	APOLOGIES FOR ABSENCE		
1 min	<p>Apologies were received from David Selwyn, Medical Director.</p> <p>It was noted Andrew Marshall, Deputy Medical Director, was attending the meeting in place of David Selwyn.</p>		
18/429	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors in Public held on 5 th May 2022, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/430	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 18/334 and 18/397 were complete and could be removed from the action tracker.		
18/431	CHAIR'S REPORT		
2 min	<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, advising the Trust is looking forward to engaging with the governors in terms of 15 Steps, observing subcommittees, etc.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Council of Governors highlight report</p> <p>CW presented the report, highlighting the establishment of a working group to review the public and staff constituencies as identified in the constitution, with a view to merging the constituencies and establishing a youth constituency.</p> <p>The Board of Directors were ASSURED by the report</p>		

18/432	CHIEF EXECUTIVE'S REPORT		
5 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting Biomedical Science Day.</p> <p>It was acknowledged this is the last Board of Directors meeting for Simon Barton, Chief Operating Officer, Clare Teeney, Director of People, and Marcus Duffield, Associate Director of Communications, before they leave SFHFT to take up new roles.</p> <p>Phil Bolton, Chief Nurse, was welcomed to his first Board of Directors meeting since joining the Trust on 30th May 2022. Richard Mills has been appointed substantively to the post of Chief Financial Officer with effect from 10th June 2022. Rob Simcox has been appointed to the post of Director of People, also with effect from 10th June 2022. David Ainsworth will be joining the Trust on 1st July 2022 as Director of Strategy and Partnerships and Rachel Eddie will take up her post as Chief Operating Officer at the end of July 2022.</p> <p>PR advised, following the receipt of updated national Infection Prevention and Control (IPC) guidance, the Trust is making preparations to move back to pre-pandemic policies, subject to a risk assessed approach and transmission cautions. An incremental approach will be taken, starting from 14th June 2022 with the removal of the requirement to wear face coverings, except in certain key areas and circumstances.</p> <p>CT advised an unannounced Ofsted inspection of the onsite nursery, Little Millers, was undertaken in March 2022. The report was embargoed until its publication on 9th June 2022. The feedback in this report is the nursery is rated as inadequate. Steps have already been taken to work with Ofsted to put an improvement plan in place and a letter has been sent to all parents. Whilst acknowledging improvements are required, the report did also contain some positive feedback on the experiences and services provided by the nursery.</p> <p>The Board of Directors were ASSURED by the report</p>		
1 min	<p>Integrated Care System (ICS) Update</p> <p>PR presented the report, highlighting the further work to establish the Nottinghamshire ICS Provider Collaborative.</p> <p>The Board of Directors APPROVED:</p> <ul style="list-style-type: none"> • The establishment of the Provider Leadership Board for the Nottingham and Nottinghamshire Provider Collaborative • The nomination of the Chief Executives of Nottinghamshire Healthcare and SFHFT as the Partner Member Representatives on the Integrated Care Board (ICB) • The proposal that the Chief Executive of Nottingham University Hospitals (NUH) will lead the Provider Collaborative and Chair the Provider Leadership Board 		

<p>6 mins</p>	<p>COVID-19 Vaccination Update</p> <p>CT presented the report, advising the Hospital Hub continues to support vulnerable children to access the vaccine. The rollout of vaccines to eligible patients continues, with an area of focus identified as people aged 18-39, noting this is in line with the national trend. The mobile offer across the county continues. Further advice is awaited in relation to an Autumn booster programme.</p> <p>CW acknowledged the uptake of second doses by younger people is a national issue, but queried if there is anything which can be done differently to encourage younger people to have the second dose of the vaccine. CT advised education and simplicity of availability have been key throughout the vaccination programme. There was a trend for younger people to have the vaccine when it was required for travel to other countries. Therefore, there is a wider social dynamics impact.</p> <p>ARB queried if the pop-up centres go to schools and colleges. CT advised there is an immunisation programme specifically for schools, delivered by the Schools Immunisation Team.</p> <p>AH queried if the system is able to respond and put targeted support into areas with lower vaccine uptake. CT advised the system response is to attempt to target areas of lower uptake. The mobile offer has been used throughout and there are also pop up education centres to provide information and advice.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>18/433</p>	<p>STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE</p>		
<p>8 mins</p>	<p>Maternity Update</p> <p><i>Ockenden Report update</i></p> <p>PB presented the report, advising the Trust has declared full compliance with six of the seven Immediate and Essential Actions (IEAs) from Ockenden 1. There are a further 15 IEAs from Ockenden 2, with 88 sub actions. The national guidance is awaited on reporting requirements, but the Trust has started the gap analysis process. A further update will be provided to the Board of Directors in July.</p> <p>Action</p> <ul style="list-style-type: none"> • Update regarding compliance with the Immediate and Essential Actions identified in Ockenden 1 and 2 to be provided to the Board of Directors <p>AR noted discussions at previous meetings of the Board of Directors in terms of staffing shortages and queried how the Trust will ensure it remains compliant with the IEAs. PB the IEAs are scrutinised by the Maternity Assurance Committee.</p>	<p>PB</p>	<p>07/07/22</p>

	<p>StB noted the Board of Directors had previously approved a reduction to the home birth service and requested an update regarding this. PB advised this will be discussed at the next meeting of the Maternity Assurance Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • Update on home birth service to be presented to the Maternity Assurance Committee <p>The Board of Directors were ASSURED by the report</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting the appointment of Paula Shore as Director of Midwifery, maternity walkarounds and the Maternity and Neonatal Safety Collaborative.</p> <p>MG queried what benefits the introduction of the SCORE safety tool will bring. PB advised SCORE has been procured and is due to start in August 2022. Further information will be provided to the Board of Directors in July 2022.</p> <p>Action</p> <ul style="list-style-type: none"> • Further information regarding the SCORE safety tool to be provided to the Board of Directors <p>The Board of Directors were ASSURED by the report</p> <p>Maternity Perinatal Quality Surveillance</p> <p>PB presented the report, highlighting Obstetric haemorrhage, Apgar score and a lower level caesarean section incident.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>PB</p> <p>PB</p>	<p>07/07/22</p> <p>07/07/22</p>
<p>18/434</p>	<p>STRATEGIC PRIORITY 2 – TO PROMOTE AND SUPPORT HEALTH AND WELLBEING</p>		
<p>10 mins</p>	<p>Guardian of Safe Working</p> <p>MC joined the meeting</p> <p>MC presented the report, highlighting a slight increase in vacancies in training posts, an increase in exception reports, particularly from clinical fellows, Allocate system issues and collaborative work on medical rotas. It was noted no immediate safety concerns were raised.</p> <p>StB queried if there is a trend for junior doctors not wishing to progress their careers as quickly as in the past and go into training for a specialism. MC acknowledged there appears to be a trend for doctors not progressing as quickly into training posts nationally, but it is not clear how that translates into a workforce which is appropriate in terms of numbers and experience. The Trust is expanding the clinical fellows programme as addressing this issue nationally from 'home grown' talent is a slow process.</p>		

	<p>AR noted the reference in the report to ‘intensity of work’ and sought clarification if this was clinical or administration work.</p> <p>MC advised he was referring to the clinical workload. However, there is also a degree of administration which comes with each patient. Systems are being refined to try to improve this.</p> <p>AR queried if there are any opportunities for co-working between clinical pharmacists and junior doctors. MC advised the new electronic prescribing system sits together with the process of discharging patients, writing summaries, etc. This work is ongoing and it will take some time for this to become more effective. There is room for systems to work closer together.</p> <p>The Board of Directors were ASSURED by the report</p> <p>MC left the meeting</p>		
<p>18/435</p>	<p>STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE</p>		
<p>12 mins</p>	<p>Equality and Diversity Annual Report</p> <p>CT presented the report, highlighting the staff networks, launch of the Trust’s anti-racism strategy, PRIDE celebrations and the appointment of an Equality Diversity and Inclusion (EDI) lead. It was acknowledged there is still work to do and the Trust will continue to grow the staff networks and develop the EDI charter.</p> <p>BB felt it would be useful for future reports to capture the impact of the activity and provide further information on the data in terms of actions to be taken. CT advised this is a yearly report but it would also be useful to look further back.</p> <p>Action</p> <ul style="list-style-type: none"> • Future Equality and Diversity Annual Reports to capture the impact of activity and provide further information on the data in terms of actions to be taken <p>AH queried what further action can be taken to reach younger people, in terms of both employment and membership of the Trust. CT advised in terms of employment, the Trust hosts the work experience and apprentice hub, engaging directly with young people. However, Covid restrictions have limited this. While the Trust has remained engaged, it has been unable to offer practical opportunities. However, this will be restarting.</p> <p>CW advised the governors have recognised there is an issue in terms of membership and there is a need to encourage younger people. The Trust’s constitution is being reviewed and the possibility of having a young person’s representative on the Council of Governors will be considered as part of that review. EC advised the Trust is looking to start a youth forum.</p>	<p>RS</p>	<p>June 23</p>

	<p>ET advised an amount of funding has come through the network, which was a joint approach. These funds would not have been available without the network. One of first things to consider is to procure the analysers across the network. This will be a joint procurement with all the trusts, which will have the potential to deliver significant savings. This is currently the most developed workstream. In addition, there is a good clinical steering group in place. Some decisions may need to be taken in relation to doing some work on one site as there is a lot of duplication in services. Immunology will be one of the first areas to consider as all trusts in the East Midlands are struggling to provide this.</p> <p>AH queried if community diagnostics is included in these arrangements. ET advised there is a need to ensure the link is there. The network has not concentrated on pathology in diagnostics centres and hubs. However, there is a separate point of care testing workstream for the network which will look at these issues. SiB advised there is a need to have a clear workforce plan for community diagnostics hubs.</p> <p>The Board of Directors APPROVED the ME2 Pathology Strategic Outline Case</p> <p>ET left the meeting</p>		
<p>18/437</p>	<p>PATIENT STORY – TARGETED LUNG HEALTH</p>		
<p>25 mins</p>	<p>JM, SG and GS joined the meeting</p> <p>JM presented the Patient Story which highlighted the Targeted Lung Health Check programme.</p> <p>CW expressed thanks to JM and the all the team involved in the programme.</p> <p>AH noted this is an important service for the local population, given the legacy of industrial working in the area. AH queried what the uptake rate is among potential patients, how this could be improved and if there is an opportunity to do other health checks. GS advised the uptake is about 75% of those invited. Uptake of CT scans, if required, is 95-98%. There have been some restrictions due to Covid, such as not using a spirometer. Patients complete the questionnaire, which is then risk assessed for chances of cancer. Patients are given advice about smoking cessation.</p> <p>AH queried if this is due to the limitations of the pilot. GS advised the pilot is fairly rigid, with set questionnaires being provided. It is a targeted lung health check.</p> <p>SiB noted it was good to see this work was maintained, given the pressures on the respiratory team in particular through the Covid pandemic.</p>		

	<p>AM acknowledged the great service provided by the nursing team. AM noted catching early stage lung cancer provides an increased chance of cure and sought clarification regarding the potential benefits if a more advanced stage cancer is picked up in an asymptomatic patient. GS advised patients most likely to benefit are females with a lower smoking history and who have had no carcinomas.</p> <p>BB queried when it will be possible to fully evaluate the impact of this work. GS advised it is a national programme and the results from all the pilots will be collated. Information is received on an ongoing basis, but the impact on survival rates will not be known for at least 3-5 years. The national figures will be required to provide significance.</p> <p>JM, SG and GS left the meeting</p>		
18/438	SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT		
25 mins	<p>PEOPLE AND CULTURE</p> <p>EC highlighted the People, Culture and Improvement Strategy, Proud2bAdmin Week and cultural engagement.</p> <p>CT highlighted appraisals, an improving position in attendance levels and an increase in vacancies due to establishment reviews.</p> <p>QUALITY CARE</p> <p>PB highlighted falls, clostridium difficile (C.diff), MRSA, Friends and Family Test and Venous thromboembolism (VTE).</p> <p>AR sought further information regarding falls, for example, are they long stay patients, are they medically fit, do they have dementia, etc. PB advised a report will be provided to the Quality Committee. It is important for patients who would otherwise have their rehabilitation in another environment to mobilise. However, this will cause an increase in falls.</p> <p>SiB queried if there is an opportunity to look at data in relation to falls in the community, acknowledging some falls at home are not recorded.</p> <p>AH felt it important to look at the data in relation to the long stay population.</p> <p>BB advised a deep dive into falls has been through the Quality Committee. However, this can be revisited, particularly looking at the segmentation of the population group.</p> <p>Action</p> <ul style="list-style-type: none"> • Deep dive into falls data to be provided to the Quality Committee 	PB	04/08/22

	<p>TIMELY CARE</p> <p>SiB advised the mean waiting time in ED is 199 minutes, against the standard of 220. This is the fourth lowest in the NHS. It was noted the reporting period is for April and the Trust declared a critical incident in April 2022, largely due to bed pressures but also taking into account the Easter period. The key driver remains bed exit block. Despite the pressures, ambulance turnaround times remain strong.</p> <p>AH noted the increase in 12 hour waits and queried what the average wait is over 12 hours and if there is any increase in risk of harm to this group of patients. SiB advised the 12 hours wait is now measured from arrival, rather than from decision to admit. The national threshold is 2% and the Trust remains below this level. Harm reviews are undertaken on a 10% sample and no significant harm has been identified, although it does result in a poor patient experience. Mitigation processes are in place and crowding in ED is under control.</p> <p>SiB advised performance in cancer care is better than trajectory. Work has started to look at the potential to convert routine capacity to cancer capacity. An update on this will be provided to the Board of Directors in July.</p> <p>Action</p> <ul style="list-style-type: none"> • Update to be provided to the Board of Directors in relation to the work looking at the potential to convert routine capacity to cancer capacity <p>StB queried if the position in relation to surgery at NUH will have an impact on the trajectory. SiB advised this may be the case. Those patients are not in SFHFT's care, but cancer care needs to be looked at across Nottinghamshire.</p> <p>SiB advised in terms of elective care, the waiting list remains high. However, the Trust is on track to achieve the targets in relation to all long wait patients. Activity levels will continue to improve with the removal of some IPC constraints.</p> <p>GW queried what level of performance in relation to long waits is being achieved at a system level. SiB advised NUH have more patients than SFHFT. There are more patients in the longer wait category at NUH but this is a small number compared to the size of the list. The Nottinghamshire system is in a good position compared to other systems. SFTFT offer mutual aid to ensure patients are not disadvantaged due to where they live.</p> <p>PR advised there is strong oversight through the system. Chief executives receive a weekly activity report. There is strong work to identify patients who are likely to reach the 104 week wait threshold and to identify if this is due to patient choice, case complexity or capacity issues.</p> <p>SiB advised NUH have received funding for an elective care hub. This will not be a benefit this year, but it will benefit the system in future years.</p>	<p>MM</p>	<p>07/07/22</p>
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	<p>CW felt it would be useful for the Board of Directors to be updated on system performance when this is appropriate. This will help the Board to consider what capacity and capability SFHFT has which will help the system.</p> <p>Action</p> <ul style="list-style-type: none"> • Update on system waiting list performance to be provided to the Board of Directors <p>BEST VALUE CARE</p> <p>RM outlined the Trust's financial position at the end of Month 1.</p> <p>The Board of Directors CONSIDERED the report</p>	RE	01/09/22
18/439	BOARD ASSURANCE FRAMEWORK (BAF)		
3 min	<p>PR presented the report advising all the principal risks have been discussed by the relevant sub committees. In addition, the BAF in its entirety is subject to quarterly review by the Risk Committee. The changes and amendments which have been made are highlighted in the report.</p> <p>SH advised two risks remain above their tolerable level, PR1 - Significant deterioration in standards of safety and care, and PR4 - Failure to achieve the Trust's financial strategy. There is a need to retain focus on these two risks.</p> <p>MG advised the People, Culture and Improvement Committee met on 7th June 2022 and agreed some changes to PR3 – Critical shortage of workforce capacity and capability. The lack of consistency across the system with regard to recruitment and retention, creating more competition rather than maximising opportunities, was identified as an additional gap. The Committee agreed a series of actions to address this.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework</p>		
18/440	INFECTION PREVENTION AND CONTROL BAF		
1 min	<p>PB presented the report, advising there are 122 key lines of enquiry. The Trust can evidence compliance with 120 of those. The two areas of non-compliance relate to ventilation and require more evidence.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/441	ASSURANCE FROM SUB COMMITTEES		
4 mins	<p>Finance Committee</p> <p>ARB presented the report, highlighting the Electronic Patient Record (EPR) business case and approval for NHIS to provide support services for Bassetlaw CCG as they integrate into the ICB.</p>		

	<p>Quality Committee</p> <p>BB presented the report, highlighting clinical policies, Joint Advisory Group (JAG) accreditation for endoscopy, falls prevention plan and progress on maternity services in response to national guidance.</p> <p>The Board of Directors were ASSURED by the reports</p>		
18/442	COMMITTEE TOR, WORKPLANS AND EFFECTIVENESS REVIEWS		
2 mins	<p>SH presented the report advising all committees review their Terms of Reference (TOR) and work plans each year and undertake an effectiveness review. This year the Audit and Assurance Committee's effectiveness report was undertaken using the Healthcare Financial Management Association (HFMA's) NHS Audit Committee Handbook. Three actions have been identified as a result of the committee effectiveness review, all of which are for the Audit and Assurance Committee.</p> <p>The next piece of work is to look at the governance which sits under the committees and ensure their TOR and workplans are aligned to the work of the committees.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/443	COMMUNICATIONS TO WIDER ORGANISATION		
2 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Little Miller's Ofsted report • Maternity update • Guardian of Safe working update • EDI annual report • Approval of the People, Culture and Improvement strategy • Targeted lung health check programme • Resumption of 15 Steps • Review of IPC guidance 		
18/444	ANY OTHER BUSINESS		
min	No other business was raised.		
18/445	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 7th July 2022 in the Boardroom at King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 11:30</p>		

18/446	CHAIR DECLARED THE MEETING CLOSED		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. Claire Ward Chair Date		

18/447	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	No questions were raised.		
18/448	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>		