

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on
Thursday 7th July 2022 via video conference

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	SB
	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
	Phil Bolton	Chief Nurse	PB
	Emma Challans-Rasool	Director of Culture and Improvement	EC
	Maggie McManus	Chief Operating Officer	MM
	Rob Simcox	Director of People	RS
David Selwyn	Medical Director	DS	
David Ainsworth	Director of Strategy and Partnerships	DA	
In Attendance:	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	
	Rich Brown	Head of Communications	
	Paula Shore	Director of Midwifery	PS
	Elizabeth Gemmill	Head of Research	EG
	Beth Carey	Falls Prevention Practitioner	BC
	Carl Miller	Deputy Chief Nurse & Associate Director of AHPs	CM
Observers:	Penny Darby	Corporate PA	
	Andrew Marshall	Deputy Medical Director	
	Mitchel Speed	Patient Experience Officer	
	Claire Page	360 Assurance	
	5 members of the public		
Apologies:	Shirley Higginbotham	Director of Corporate Affairs	SH

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
18/471	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, via video conferencing and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&A function. All participants confirmed they were able to hear each other.</p>		
18/472	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
18/473	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Shirley Higginbotham, Director of Corporate Affairs.		
18/474	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors in Public held on 9 th June 2022, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/475	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 18/433.1, 18/433.2, 18/433.3, 18/438.1 and 18/438.2 were complete and could be removed from the action tracker.		
18/476	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, highlighting the reintroduction of the requirement to wear facemasks across the Trust and other Infection Prevention and Control (IPC) measures due to the increase in the number of Covid infections.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/477	CHIEF EXECUTIVE'S REPORT		
4 mins	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 the current intense pressure experienced by the Trust, the increase in the rate of Covid infections, the creation of Integrated Care Boards (ICB) from 1 st July 2022 and Pride month.		

<p>2 min</p> <p>7 mins</p>	<p>PR welcomed David Ainsworth, Director of Strategy and Partnership, to his first meeting of the Board of Directors. It was acknowledged this is the first Board of Directors meeting for Richard Mills and Rob Simcox in their substantive roles of Chief Financial Officer and Director of People respectively. PR advised Rachel Eddie will be taking up her role as Chief Operating Officer for the Trust at the end of July.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Integrated Care System (ICS) Update</p> <p>DA introduced himself and his role to the Board of Directors, advising there will be interesting opportunities ahead, with partnerships at the heart of the conversation. The NHS is moving away from commissioning and competition to a world of integration, which will require relationships and trust. There is a need to work together to address some of the inequalities which exist and there is an opportunity to create public value with partners by coming together in new ways.</p> <p>The Board of Directors ACKNOWLEDGED the update</p> <p>COVID-19 Vaccination Update</p> <p>RS presented the report, highlighting the system position in relation to uptake of the spring booster, summer plans and the Autumn booster programme, which is anticipated will start early in September. The Trust is planning to co-administer the Covid booster and flu vaccinations. Due to the current low levels of activity, RS advised Covid vaccination updates to the Board of Directors will be paused until the Autumn booster programme commences.</p> <p>AH felt it would be useful for the position in terms of the unvaccinated population to be included in future reports. RS advised he will obtain visibility on the gap and provide assurance on the steps being taken to mitigate the gap.</p> <p>Action</p> <ul style="list-style-type: none"> • Information re: people who are unvaccinated to be included in future reports <p>DS advised there are some logistics issues to be worked through in terms of the co-administration of the Covid and flu vaccinations, as they are separate vaccines.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>RS</p>	<p>06/10/22</p>
<p>18/478</p>	<p>STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE</p>		
<p>9 mins</p>	<p>Maternity Update</p> <p>PS joined the meeting</p>		

	<p>Safety Champions update</p> <p>PB presented the report, highlighting concerns raised in relation to antenatal capacity at Newark, feedback from Safety Champion walkarounds, introduction of different coloured lanyards to identify different roles, Ockenden actions and SCORE safety survey.</p> <p>PS provided an update on the NHS England programme of avoiding term admissions to the neonatal unit.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Maternity Perinatal Quality Surveillance</p> <p>PB presented the report, highlighting 3rd/4th degree tears and intrapartum stillbirth. PB advised the home birth service is scheduled to be reinstated on 4th September 2022.</p> <p>BB sought an update regarding the Continuity of Carer work. PS advised plans were submitted by 16th June 2022, as per the national request, including staffing profiles. The Trust's plan is aligned to Nottinghamshire within the Local Maternity and Neonatal System (LMNS). Once feedback is received, this will go through the assurance committees to discuss next steps. PB advised there is a need to have a system response.</p> <p>The Board of Directors were ASSURED by the report</p> <p>PS left the meeting</p>		
<p>18/479</p>	<p>STRATEGIC PRIORITY 4 – TO CONTINUOUSLY LEARN AND IMPROVE</p>		
<p>17 mins</p>	<p>Research Strategy – Quarterly Report</p> <p>EG joined the meeting</p> <p>EG presented the report, highlighting recruitment, finance, studies which have changed practice and the strategy for 2022-2027.</p> <p>MG noted there are some areas where there is no research activity, for example, diabetes and emergency care, and queried if there is any reason for this and how involvement in research can be encouraged. EG advised ED has been involved in studies, particularly relating to Covid, so there is interest in research. There are a number of active principal investigators across specialities. However, Board of Directors and divisional support would be appreciated to help people to recognise this is a priority. There is a need to appreciate the importance of research for patients and the Trust. It is recognised trusts which are actively involved in research get better outcomes for their patients.</p> <p>AR queried to what extent income from research covers the salary costs for people engaged in research within the Trust.</p>		

	<p>EG advised the majority of the research budget goes to the nursing staff who support research, with a small amount going to the medics involved with research. The money goes to the department for them to decide how it is allocated. The income provides fully for all the nursing staff, with just a small amount for medical staff.</p> <p>AR queried if there will be opportunities to fund appointments in medicine with more integrated research with Nottingham University Hospitals (NUH). EG advised this is something the Trust would be interested in being involved with.</p> <p>AH queried how the benefit within the population from grants which are held in Nottingham can be tracked. EG advised there will be different approaches depending on whether SFHFT is part of Nottingham's research as opposed to the Trust's own research. Patients come first and there is a need to get them involved in quality trials and a diverse range of studies, both those of benefit from a public health perspective which require partnership working and those which involve care provided at SFHFT.</p> <p>PR advised the two universities in Nottingham are working together and have a strong appetite to work with SFHFT and NUH.</p> <p>SB sought clarification in relation to studies which have changed practice as it appears all the activity over three years has only resulted in three changes. EG advised the three Covid related studies are highlighted in the report. Each study the Trust has been involved in has made a difference.</p> <p>ARB queried if there are any actions which can be taken to increase engagement with commercial organisations and if there is any merit in pursuing this. EG advised ensuring the studies are right for the Trust's patients is the priority. Commercial income is welcomed and it is hoped once the increased research facilities are opened in 2023, the Trust will be able to open up to those opportunities which are not currently available due to lack of facilities.</p> <p>The Board of Directors were ASSURED by the report</p> <p>EG left the meeting</p>		
<p>18/480</p>	<p>PATIENT STORY – WALK THIS MAY</p>		
<p>18 mins</p>	<p>BC and CM joined the meeting</p> <p>BC presented the Patient Story which highlighted National Walking Month and falls prevention work.</p> <p>CW felt the story was a good example of the work the Trust is doing to support patients. PR felt the story highlighted the importance of keeping active. EC advised colleagues across the organisation also got involved in 'Walk this May', accumulating nearly 5,500km.</p> <p>PB felt it was a timely and helpful story, demonstrating the falls prevention work which is ongoing within the Trust.</p>		

	<p>GW felt the patient comments were very powerful, demonstrating how important it is for the patient to feel they can progress.</p> <p>CM advised it is important to take a Multidisciplinary Team (MDT) approach to mobility and activity which will help promote a better discharge for the patient.</p> <p>DA noted people receiving homecare can become immobile, which may lead to a hospital admission. DA queried what value the Trust can offer in the community to promote mobility. BC advised she is part of a project working in a community practice with Nottinghamshire Healthcare colleagues in relation to falls prevention. Two community practice events have been held and a digital space is being created for clinicians to liaise between events.</p> <p>BC and CM left the meeting</p>		
<p>18/481</p>	<p>SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT</p>		
<p>35 mins</p>	<p>QUALITY CARE</p> <p>PB highlighted falls, nosocomial Covid and clostridium difficile (C.diff)</p> <p>DS highlighted Venous Thromboembolism (VTE) risk assessments.</p> <p>PEOPLE AND CULTURE</p> <p>EC highlighted appraisals, mandatory training and improvement work.</p> <p>RS highlighted sickness absence, wellbeing agenda and vacancy rate.</p> <p>TIMELY CARE</p> <p>MM advised the ED 4 hour wait was 80%. The Trust performed well compared to peers. However, it was acknowledged patients are waiting longer than would be preferred.</p> <p>In terms of elective care, MM advised the Trust is not achieving the standard for follow up of outpatient attendances. This has been declared in the ICS plan.</p> <p>In terms of cancer, national performance against the cancer backlog trajectory has slipped and the Trust's position has also deteriorated, mainly due to delays at the tertiary centres the Trust works with. However, the Trust's 62 day performance is better than the national average and SFHFT continues to perform well against the faster diagnosis standard. There is a new governance structure in place for the cancer pathway which is clinically driven and drills down into tumour site level detail.</p> <p>CW queried what patients' views are on virtual appointments and if this has increased as people are considering the additional costs of travelling to a face to face appointment.</p>		

MM advised the work of the virtual appointments project group is still ongoing. There is a considerable cohort of patients who prefer face to face appointments but work is ongoing to understand this and the travel cost implications.

CW advised feedback from patients in relation to what the barriers for virtual appointments might be would be useful.

DS advised virtual appointments are a national direction. There has been a mixed response from clinical teams and patient groups. While virtual appointments work well for certain groups of patients and conditions, this is not the case for all. Therefore, there is a need to identify which patients and/or conditions would benefit from virtual appointments.

AR queried, in terms of complex cancer cases, if the Trust has explored the possibility of surgeons from the tertiary centre to come to SFHFT to undertake operations. MM advised several things have been explored to try to reduce the reliance on, or the availability of, capacity at places such as NUH, including looking to other tertiary centres to ensure patients are getting the right care. The option of mutual aid has been explored, using SFHFT's ability to undertake some lower complexity cancer work, which will then allow NUH to reduce their waiting times and deal with the more complex cases sooner. The ICS cancer taskforce is looking at how partners work across the system to improve cancer care for patients.

DS advised the surgical event is only part of the whole perioperative care journey of the patient. There is a need to put the patient at the centre and design pathways around the care they need. The risk of moving surgeons from one organisation to another is any benefit of dealing with the surgical event will be lost as the rest of the team who need to care for the patient will not be moved as well.

AH queried how much progress had been made in relation to putting measures in place at a system level to address the issue of patients who are medically fit for discharge, how many will reach activity before Winter and what impact will they have. MM advised some initiatives are further developed than others. Virtual ward will give some benefit over Winter. In terms of Discharge to Assess, work is ongoing in terms of what this will 'look like' and a more health focussed review is underway. The impact of Discharge to Assess in its current form is not what was expected. The system is not where it needs to be in terms of reducing the number of medically safe for discharge patients.

PR advised there is a lot of work ongoing in the system with partners in relation to Discharge to Assess and seeking solutions. The NHS providers are taking greater control to find a solution to the risks which are noted for Winter.

BEST VALUE CARE

RM outlined the Trust's financial position at the end of Month 2.

ARB queried if the cash position is likely to deteriorate further.

	<p>RM advised a cash plan for the remainder of the year was resubmitted as part of the updated plan submission. Tight working capital arrangements are in place to ensure this is managed. The cash position is reviewed on a daily basis and this fluctuates through the month. NHSE/I have facilities in place for when cash support in year may need to be accessed.</p> <p>GW noted there are significant risks for the remainder of the year, for example, Covid, inflation and pay awards, and felt it may be useful to provide an update to the Board of Directors in relation to this. RM advised a full detailed forecast and sensitivity analysis on the Q1 position will be reported to the Finance Committee in July.</p> <p>Action</p> <ul style="list-style-type: none"> • Full detailed forecast and sensitivity analysis on the Q1 position to be reported to the Finance Committee <p>The Board of Directors CONSIDERED the report</p>	RM	04/08/22
18/482	CANCER CAPACITY		
9 mins	<p>MM presented the report which outlined the outcome of a review of the benefit of converting routine elective capacity to cancer capacity, highlighting the main findings of the investigation and mitigations.</p> <p>AH noted the flexibility and adaptability to let clinicians decide how they distribute the workload is more effective than routinely taking down segments of activity.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/483	DATA SECURITY PROTECTION TOOLKIT (DSPT) SUBMISSION		
6 min	<p>DS presented the report, advising the report provides an overview of the Trust's compliance with the Information Governance (IG) and security agenda, both nationally and locally.</p> <p>108 of the 109 mandatory evidence items are complete. The evidence item which is not complete renders the submission standards as not met. This is in relation to staff achieving 95% of their annual Data Security Awareness Training.</p> <p>The independent auditors have provided their overall assessment on the DSPT as Moderate. Of the ten areas assessed, nine gained substantial assurance with one area Moderate. The Moderate outcome relates to Business Continuity. Work is in play to strengthen and improve this position.</p> <p>There have been three incidents which have been escalated as reportable to the Information Commissioners Office during 2021/2022. At present none of these has resulted in action from the regulators as the Trust has provided appropriate assurance.</p>		

	<p>It was noted during 2021/2022, the Trust processed a total of 600 Freedom of Information (FOI) requests and 2810 requests for access to patient records.</p> <p>CW queried if there are any themes in relation to the FOI requests received. DS advised themes usually follow the agenda of the national news, for example, waiting lists and backlogs. In addition, FOIs are received from commercial companies requesting information in relation to commercial relationships with providers, how many patients the Trust sends to alternative providers, etc. Requests are also received for research information as this is sometimes seen as an easier way to obtain information which is already in the public domain. Finally, there are a number of personal requests for information, but this is the smallest group.</p> <p>PR advised SH, as Senior Information Risk Owner, chairs the Information Governance Group which maintains the oversight of FOIs, subject access requests and the preparation and submission of the toolkit.</p> <p>The Board of Directors APPROVED the Data Security Protection Toolkit Submission</p>		
<p>18/484</p>	<p>ASSURANCE FROM SUB COMMITTEES</p>		
<p>8 mins</p>	<p>Audit and Assurance Committee</p> <p>GW presented the report, highlighting year end accounts, counter fraud, external audit, Head of Internal Audit Opinion, implementation of internal audit recommendations and non-clinical and clinical policies.</p> <p>Finance Committee</p> <p>ARB presented the report, highlighting approval of contract renewals.</p> <p>People, Culture and Improvement Committee</p> <p>MG presented the report, highlighting review of the Board Assurance Framework (BAF) risks, People, Culture and Improvement Strategy, deep dive into sickness absence and the people and development agenda across the system.</p> <p>The Board of Directors were ASSURED by the reports</p>		
<p>18/485</p>	<p>OUTSTANDING SERVICE – CELEBRATING THE WORK OF OUR FREEDOM TO SPEAK UP (FTSU) GUARDIANS</p>		
<p>8 mins</p>	<p>A short video was played highlighting the work of the FTSU Guardian and FTSU Champions.</p>		

18/486	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"> • Demand and pressure being faced by the organisation • Welcome to David Ainsworth as Director of Strategy and Partnerships • Integrated Care Board and the opportunity to strengthen system working • Maternity update • Research update • Patient Story • Cancer capacity 		
18/487	ANY OTHER BUSINESS		
min	No other business was raised.		
18/488	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 4th August 2022 in the Boardroom at King's Mill Hospital at 09:00 (TBC)</p> <p>There being no further business the Chair declared the meeting closed at 11:30</p>		
18/489	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p>Chair Date</p>		

18/490	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
5 min	<p>CW advised a series of questions had been received in relation to the Covid vaccination, its impact on other conditions and how this relates to deaths.</p> <p>DS advised the current evidence does not support the view that any benefit of the Covid vaccination programme is outweighed by the side effects. Within the organisation and the system there are still vaccine preventable Covid-19 deaths, which has an impact on the clinicians caring for those patients, knowing the death could have been prevented. Equally, vaccine preventable flu related deaths have been seen. DS acknowledged people hold strong views, but expressed how disappointing it is as a clinician to see misinformation continuing. DS acknowledged there are some complications for some patients, but this is no different to any other drug. There is a 'yellow card system' in place and data relating to this is freely available in the public domain.</p>		
18/491	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>		