

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 4th August 2022 via video conference

Present:	Claire Ward	Chair	CW
	Manjeet Gill	Non-Executive Director	MG
	Graham Ward	Non-Executive Director	GW
	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
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Phil Bolton	Chief Nurse	PB
	Emma Challans-Rasool	Director of Culture and Improvement	ECR
	Rachel Eddie	Chief Operating Officer	RE
	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	
	Jennifer Leah	Deputy Chief Financial Officer	JL
	Paula Shore	Director of Midwifery	PS
	Kerry Bosworth	Freedom to Speak Up (FTSU) Guardian	KB
	Rebeca Freeman	Head of Medical Workforce	RF
	Deborah Hall	Day Nursery Manager	DH
Observers:	Karyn Rawnsley	Medical Workforce Officer	
	Claire Page	360 Assurance	
	8 members of the public		
Apologies:	Barbara Brady	Non-Executive Director	BB
	Richard Mills	Chief Financial Officer	RM

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
18/505	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>		
18/506	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
18/507	APOLOGIES FOR ABSENCE		
1 min	<p>Apologies were received from Barbara Brady, Non-Executive Director, and Richard Mills, Chief Financial Officer.</p> <p>It was noted Jennifer Leah, Deputy Chief Financial Officer, was attending the meeting in place of Richard Mills.</p>		
18/508	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors in Public held on 7 th July 2022, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/509	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that action 18/481 was complete and could be removed from the action tracker.		
18/510	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. CW acknowledged it has been a difficult few weeks for staff due to the rising rates of Covid infections across the community and among staff and patients. In light of this, the Trust took the decision to hold meetings via video conference, rather than face-to-face. This is being kept under review. It was noted Covid infection rates are starting to fall. However, pressure remains across the Trust.</p> <p>CW advised the Trust's Annual General Meeting and Annual Members Meeting will take place on 29th September 2022.</p> <p>The Board of Directors were ASSURED by the report</p>		

18/511	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 operational pressures, Ofsted re-inspection of Little Millers Nursery and events to welcome rotational doctors to the Trust.</p> <p>PR welcomed Rachel Eddie, Chief Operating Officer, to her first meeting of the Board of Directors and expressed thanks to Maggie McManus, Deputy Chief Operating Officer, for her work in covering the Chief Operating Officer role for the past 2 months. PR advised David Selwyn, Medical Director, has formally taken on the role of Deputy Chief Executive</p> <p>The Board of Directors were ASSURED by the report</p>		
3 mins	<p>Integrated Care System (ICS) Update</p> <p>DA advised the Integrated Care Board (ICB) formed in July 2022. The four strategic aims for the ICB have been set and these are, Improving outcomes in population health, Tackling inequalities in outcomes, Enhancing value for money and Helping the NHS support broader social and economic development.</p> <p>At a local level, the Trust has been focussing attention on the three local district councils of Mansfield, Ashfield and Newark and Sherwood. The Trust has a seat at each of their Place Board meetings.</p> <p>The Board of Directors ACKNOWLEDGED the update</p>		
18/512	2022/2023 STRATEGIC PRIORITIES QUARTER 1 UPDATE		
16 mins	<p>ECR presented the report, highlighting the Quarter 1 position, reflecting the alignment of the strategic priorities to the Board of Directors subcommittees and noting there is a lead executive for each strategic priority.</p> <p>SB queried if the actions being taken in relation to "working with all partners to reduce the number of patients who are delayed moving to their onward destination outside of SFHFT" will improve the position or if different actions need to be taken. DS advised the formation of the ICB provides an opportunity to make progress. There is a recognition improvement is required and a desire to make improvements. There are actions and processes which can take place. The ICB is considering the best way to improve the provision of care across all partners and there are a number of business cases which are being discussed. There is a need to make progress to ensure patients remain safe within the Trust going into Winter.</p>		

	<p>RE advised there is good work ongoing across the system to address this issue, for example, the Discharge to Assess business case is making progress and there is some good work with Nottinghamshire Healthcare in relation to the recruitment of healthcare workers to support the deficit in social care, but through health. There is a need to engage in system work as that is the longer term solution. However, in parallel to this, work needs to be done within the Trust to mitigate some of the risk if the system actions do not deliver the required impact. This will form part of the Winter planning.</p> <p>PR advised the recent system critical incident has focussed minds and safely discharging patients is the number one issue for the system to tackle in terms of delivering operational plans for 2022/2023.</p> <p>GW suggested looking into the use of the voluntary sector to support the discharge process. DA advised use of the voluntary sector is worthy of exploration. There are good relationships with the voluntary sector in mid-Nottinghamshire.</p> <p>Action</p> <ul style="list-style-type: none"> • Consider use of the voluntary sector to support discharges <p>ARB requested the inclusion of the tracking of trend analysis and movement on overall RAG ratings for future reports. ECR confirmed this could be added.</p> <p>Action</p> <ul style="list-style-type: none"> • Tracking of trend analysis and movement on overall RAG ratings to be included in future Strategic Priorities update reports <p>MG sought clarification regarding the benefits of the workforce plan for the organisation. RS advised it provides a framework and a plan to help identify where there are challenges for the Trust and where there are opportunities to embed pieces of work. It is possible to track against the framework to identify opportunities for improvement and demonstrate impact.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>DA</p> <p>ECR</p>	<p>01/09/22</p> <p>03/11/22</p>
<p>18/513</p>	<p>STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE</p>		
<p>15 mins</p>	<p>Maternity Update</p> <p>PS joined the meeting</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting the Maternity Voices showcase event, maternity safety champions walkarounds and a review of maternity training. It was noted the Ockenden gap analysis will be presented to the Board of Directors in September 2022.</p>		

PS highlighted the support provided to Nottingham University Hospital (NUH) and advised the Maternity Voices event was a positive event.

The Board of Directors were ASSURED by the report

Maternity Perinatal Quality Surveillance

PB presented the report, highlighting third and fourth degree tears and still births.

PS provided further details of one case which was reported as moderate and has been taken through the Trust Scoping Process.

AH queried if the Trust's still births rate is in line with the national picture. PS advised the national still births rate has increased this year, noting the national ambition to halve the still birth rate by 2025. The Trust is aligned to and working with the national teams. The reason for the rate increasing is not clear as the outcome of national investigations is awaited. It was noted small numbers can make a significant change to the rate.

The Board of Directors were ASSURED by the report

Home Births Update

PB presented the report, advising the Home Births Service will be reinstated from September 2022, providing staffing levels outlined in the report remain stable. This is in line with NUH who are also proposing to recommence their service in September 2022.

PS advised some home births are still facilitated, but the out of hours service has been suspended.

AR noted there are only six home deliveries per month, which does not provide much experience for staff in what can be an unpredictable event. AR queried how the Trust can assure the public the service is safe. Given there are only six home births per month, AR queried if the service is cost effective. PS advised there are many elements in midwifery which are not as common as others, but the Trust has supportive measures in place. The midwives working in the community also spend time in the hospital acute setting, so they have the required intrapartum skills. While currently the number of home births is low, offering 24/7 cover will increase the number of women joining the service, which will increase cost effectiveness. The Trust does not currently provide a choice of birth and women are clear this is difficult. PB advised offering home births is the ICS strategic direction.

The Board of Directors were ASSURED by the report

PS left the meeting

18/514	STRATEGIC OBJECTIVE 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING		
26 mins	<p>Freedom to Speak Up (FTSU)</p> <p>KB joined the meeting</p> <p>KB presented the report, highlighting an increase in the number of concerns raised, Equality, Diversity and Inclusion (EDI) data, themes in concerns raised, growth in the number of FTSU Champions, collaboration with the Wellbeing Team, feedback from staff who use FTSU and national updates.</p> <p>MG queried how KB, as FTSU Guardian, works with the EDI networks and the Leadership Development Team. KB advised she has regular meetings with the EDI lead to share information and work on issues relating specifically to behaviours. KB advised she has good links with the staff networks. In terms of the Leadership Development Programme, KB advised she works closely with the leadership team to ensure FTSU has a space on the programme. In addition, KB has been involved with some of the nursing associate programmes. Ways of engaging with existing leaders in relation to Speak Up, Listen Up, Follow Up are being explored to ensure they have an awareness of the FTSU agenda.</p> <p>SB noted the Speak Up, Listen Up, Follow Up training is nationally mandated and queried if it is mandatory training for the Trust. SB sought KB's insight into how it feels to be a manager on the receiving end of Speaking Up. KB advised the Speak Up training has been available within the Trust for approximately 12 months as an e-learning package. It is not currently mandatory and there has been a low uptake. KB advised how managers receive concerns is a critical step in the process, acknowledging it is difficult when someone speaks up against you and managers have a tendency to become defensive. There is a need to ensure people on the receiving end have support, as well as the people raising the concern.</p> <p>AH queried what the next steps are for FTSU, what support is required from the Board of Directors and if any external support is sought in terms of lessons learned, etc. KB advised FTSU within the Trust is in a good position. KB advised she feels she has the support of the Board of Directors in her role as FTSU Guardian. The themes of concerns raised are consistent. There is some further development required in terms of leadership to enable leaders to be the best they can be. Existing leadership teams particularly require support in how to handle concerns. KB advised she networks with organisations who have been praised and awarded in relation to FTSU, for example, Chesterfield Royal Hospital.</p> <p>PR sought assurance there is a mature attitude and adoption of the issues raised. KB advised some of the themes are 'big' themes which are not necessarily solved with one response. However, she felt assured she has received support and engagement. There is a maturity in where concerns are triangulated and positive actions have been taken as a result. KB advised she will return to cases in 6 months to check if resolution has happened and relationships have improved, etc.</p>		

	<p>The Board of Directors were ASSURED by the report</p> <p>KB left the meeting</p>		
18/515	STAFF STORY – THE STORY OF LITTLE MILLERS		
23 mins	<p>RF and DH joined the meeting</p> <p>RF and DH presented the Staff Story, which highlighted the work of the Little Millers Day Nursery.</p> <p>CW thanked RF and DH for a great story and acknowledged it has been a difficult time for staff at the nursery following the Ofsted inspection in March 2022. However, the team took time to reflect and improve their learning to do the best they could in the recent follow up inspection.</p> <p>PR advised he was proud of the way the team responded to what was a disappointing inspection in March 2022. PR acknowledged capital would be required in order to improve the outdoor space at the nursery.</p> <p>DA advised he visited the nursery on 3rd August 2022, advising he felt a relaxed atmosphere with the children clearly engaged. The oversight group which has been established adds strength to the future of Little Millers.</p> <p>RF and DH left the meeting</p>		
18/516	SINGLE OVERSIGHT FRAMEWORK (SOF) QUARTERLY PERFORMANCE REPORT		
48 mins	<p>QUALITY CARE</p> <p>PB highlighted patient safety incidents, clostridium difficile (C.diff) and MRSA bacteraemia.</p> <p>DS highlighted Hospital Standardised Mortality Ratio (HSMR)</p> <p>AH advised he was aware of a new framework, Patient Safety Incident Response Framework (PSIRF) which is due to be introduced. AH queried what effect this will have on the target for patient safety incidents and if the target will be adjusted. DS advised the details of the PSIRF is awaited.</p> <p>PB advised University Hospitals of Derby and Burton NHS Foundation Trust were an early adopter of PSIRF and PB was involved in this in his previous role. The focus is on thematic review and learning. PB advised PSIRF had its challenges and he did not always feel assured PSIRF provided the same level of detail as the current serious incident process. There are some good elements to PSIRF, but there is still a lot of work to do and this was included in the feedback from the pilot. If PSIRF is adopted, the Trust will not be reporting incidents in the same manner in terms of numbers and thresholds.</p>		

AH noted the cross infection in terms of C.diff, the number of MRSA cases and a 'flag' in relation to sepsis and sought clarification if the basic audits are in place. PB advised audits have continued and have been strengthened during Covid, for example, commode audits, hand hygiene audits and environmental audits. There is good compliance. However, there have been examples of commode audits being below the desired standard, noting this is not necessarily in areas where there have been cases of C.diff. There is a fundamentals focus on Infection, Prevention and Control (IPC), with the team taking a targeted approach, working alongside staff for refresher training and observing them in practice. DS advised there is a need to undertake prospective audits to identify any 'hotspots'.

PEOPLE AND CULTURE

CW left the meeting. GW assumed the chair.

ECR highlighted wellbeing conversations, mandatory and statutory training, appraisals and the Trust's vision for continuous improvement.

ARB queried if there was a timescale for statutory training compliance to return to 90%. ECR advised new workbooks and approach for mandatory and statutory training will be introduced in September 2022. It is anticipated the impact of this will be evident in 2-3 months' time. The new approach will give staff time back to care, whilst ensuring they are compliant professionally with regards safety and training. A trajectory has not been set, but it is hoped the rate will be near 90% by December 2022, noting this will be reliant on demand for the Trust's services.

RS highlighted sickness absence, advising this has increased over the quarter, cost of living challenges and a slight increase in the vacancy rate.

TIMELY CARE

RE advised the emergency pathway remains under sustained pressure, with a high level of attendances and the number of medically safe for discharge patients consistently increasing. However, same day emergency care turnaround is good at 40-50%.

In terms of the elective pathway, the Trust is performing well, with no 104 week waits and the 78 week waits is on track. However, elective activity is off track against plan. The Trust is performing well on diagnostic activity levels.

In terms of cancer, the Trust is above target for the faster diagnosis standard. However, the 62 day backlog remains a concern and is currently above trajectory and off track.

AR felt it would be useful to break down the increase in activity at the 'front door' into majors and minors, with a further breakdown of minors into what proportion of those cases could have been dealt with by primary care. There is a need for a system wide approach and a discussion with local primary care providers to establish actions they can take to support the Trust.

	<p>DS advised the Trust has a good triage process in place and will stream people to PC24 as appropriate. This issue is discussed across the system and the Trust has good engagement with Primary Care Network (PCN) partners. This is not a new issue, but it is worsening as people find it increasingly difficult to access GP services. However, GPs report offering more appointments. It should also be noted there is an increase in activity in both minors and majors.</p> <p>PB advised the Trust is able to stream patients to the right place. There has been an increase in majors, as well as minors, and an increase in acuity. DA advised the Trust has exit routes from the 'front door', for example, high intensity service user focus, Streethealth and a Topaz centre for people who present having been sexually assaulted. While reducing demand is important, having ways of dealing with demand is equally important.</p> <p>AR noted the Trust has more 'exit routes' and queried if the situation is actually worse. DS advised there has been an increase in activity and a change in activity.</p> <p>AR felt there needs to be a system response to the acuity of patients. DS advised the system has started to develop a greater clarity and granularity of the available data.</p> <p>PR acknowledged the need for a system wide approach, a better understanding of the data and the need to identify more actions from the data as a system. The circumstances which led to the recent system incident and the Trust incident at Easter, are not only attributable to acuity and the volume of patients presenting to ED, but the inability to discharge patients is worsening. A whole system approach is required in relation to presentations and getting patients in the right place and dealt with appropriately, but also at the end of the flow through the hospital in terms of discharging patients in a timely manner.</p> <p>BEST VALUE CARE</p> <p>JL outlined the Trust's financial position at the end of Month 3.</p> <p>The Board of Directors CONSIDERED the report</p>		
<p>18/517</p>	<p>BOARD ASSURANCE FRAMEWORK (BAF)</p>		
<p>1 min</p>	<p>PR presented the report advising all the principal risks (PR) 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>There are three risks rated as significant, namely PR1, Significant deterioration in standards of safety and care, PR2, Demand that overwhelms capacity and PR4, Failure to achieve the Trust's financial strategy. PR1 and PR4 are currently above the tolerable risk rating.</p>		

	The Board of Directors REVIEWED and APPROVED the Board Assurance Framework		
18/518	USE OF THE TRUST SEAL		
1 min	SH advised the Trust Seal has not been used in the last quarter. The Board of Directors ACKNOWLEDGED the update		
18/519	EXTERNAL WELL-LED RECOMMENDATIONS, PROGRESS REPORT		
1 min	SH presented the report, advising there were 15 recommendations from the Well-led review undertaken in March 2022. Eight of which are complete, with the remaining seven not yet due. The progress made is detailed in the report. The Board of Directors were ASSURED by the report		
18/520	COVID 19 INQUIRY PROCESS		
3 mins	SH presented the report, advising the terms of refence for the national inquiry have been agreed and the inquiry has been launched. SH outlined the actions taken by the Trust to date. The inquiry is broken down into modules, with the third module focussing on healthcare systems. Timings for this module are not yet known, but it is expected this will be late 2023. The inquiry is unlikely to involve the Trust until the third module. The working group will continue to meet as necessary and updates will be provided to the Board of Directors as necessary. The Board of Directors were ASSURED by the report		
18/521	ASSURANCE FROM SUB COMMITTEES		
10 mins	Audit and Assurance Committee GW presented the report, highlighting implementation of internal audit recommendations, internal audit limited assurance report in relation to contract management, fragile corporate services, non-clinical and clinical policies, counter fraud and development of a Divisional Governance Toolkit by 360 Assurance. Finance Committee ARB presented the report, highlighting the Committee's discussion in relation to PR4, Failure to achieve the Trust's financial strategy, and progress made in relation to the Trust's self-assessment against the Healthcare Financial Management Association (HFMA) Financial Sustainability report.		

	<p>Quality Committee</p> <p>AR presented the report, highlighting poor attendance at key clinical forums, impact on patient care of relocation of services due to Covid related operational pressures, Sentinel stroke national audit results, review of how SFHT Quality Committee relates to the ICS quality forum, PFI quality dashboard, progress on medicines optimisation and clinical audit programme.</p> <p>People, Culture and Improvement Committee</p> <p>MG presented the report, highlighting the People, Culture and Improvement Strategy and long term strategic planning approach.</p> <p>The Board of Directors were ASSURED by the reports</p>		
18/522	OUTSTANDING SERVICE – WORLD BREAST FEEDING WEEK		
5 mins	A short video was played highlighting the work of the Trust to support World Breast Feeding Week.		
18/523	COMMUNICATIONS TO WIDER ORGANISATION		
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"> • Recognition of work in response to the recent heatwave and system critical incident • Need to find system wide solutions to managing demand • Learning from incidents • Maternity update • FTSU • Staff story 		
18/524	ANY OTHER BUSINESS		
	No other business was raised.		
18/525	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 1st September 2022 in the Boardroom, King’s Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:05</p>		

18/527	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	No questions were raised		
18/528	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>		