

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 3rd November 2022 in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andrew Rose-Britton	Non-Executive Director	ARB
	Aly Rashid	Non-Executive Director	AR
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	David Selwyn	Medical Director	DS
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Phil Bolton	Chief Nurse	PB
	Rob Simcox	Director of People	RS
Richard Mills	Chief Financial Officer	RM	
David Ainsworth	Director of Strategy and Partnerships	DA	
In Attendance:	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	
	Maggie McManus	Deputy Chief Operating Officer	MM
	Paula Shore	Director of Midwifery	PS
	Debbie Kearsley	Deputy Director of People	DK
	Roz Norman	Staff Side Chair	RN
	Mark Stone	Emergency Planning and Business Continuity Officer	MS
Observers:	Rich Brown	Head of Communications	
	Andrew Marshall	Deputy Medical Director	
	Sue Holmes	Public Governor	
	Ian Holden	Public Governor	
	Claire Page	360 Assurance	
4 members of the public			
Apologies:	Rachel Eddie	Chief Operating Officer	RE

Item No.	Item	Action	Date
18/608	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>		
18/609	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
18/610	APOLOGIES FOR ABSENCE		
1 min	<p>Apologies were received from Rachel Eddie, Chief Operating Officer.</p> <p>It was noted Maggie McManus, Deputy Chief Operating Officer, was attending the meeting in place of Rachel Eddie.</p>		
18/611	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors in Public held on 6 th October 2022, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/612	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 18/512.2 and 18/583.2 were complete and could be removed from the action tracker.		
18/613	CHAIR'S REPORT		
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, highlighting the Staff Excellence Awards.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/614	CHIEF EXECUTIVE'S REPORT		
2 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 the recent system wide critical incident and the re-opening of Oakham Ward at Mansfield Community Hospital. PR advised RM has been shortlisted for the Director of Finance Award by the Healthcare Financial Management Association (HFMA).</p> <p>The Board of Directors were ASSURED by the report</p>		

<p>8 mins</p>	<p>Integrated Care System (ICS) Update</p> <p>DA presented the report, highlighting the ICS Strategy, appointment of Claire Culverhouse as Managing Director for the Provider Collaborative at Scale and the recruitment fair which is being organised by the Trust in collaboration with West Notts College.</p> <p>AR queried if the Trust is taking the lead in pushing the ICS agenda or waiting for the ICS to approach the Trust. AR felt there are issues which are common across the patch and the Provider Collaborative needs to move at pace.</p> <p>DA advised any system is complex, made up of multiple relationships and drivers. Through the Provider Collaborative at Scale, the Trust has been working on a discharge pathway and the system has signed off a business case to support this work. Discussions have taken place at the Place Based Partnership in relation to priorities for the future and it has been agreed there should be a 'golden thread' to the county council's health and wellbeing strategy. Partners are driving the Place agenda and relationships are mature at that level. The ICS has set their priorities and the strategy will be presented to the Trust's Board of Directors when it is published. The Trust will need to look to align its strategy to that. SFHFT is driving the agenda and helping to shape it.</p> <p>AR felt it would be useful to have some metrics to evidence what the ICS is doing and how it is benefitting all organisations.</p> <p>PR advised there have been two recent examples of step changes to the way in which the system is responding. As a reflection on the critical incident, chief executives of the NHS and councils met and have committed to work closer together. An end to end review of the emergency care and social care pathways has been commissioned, with the aim to build a new model for Nottinghamshire.</p> <p>In addition, a Winter summit has taken place and all the Winter plans from partner organisations have been collated into a single document which will be presented to the Integrated Care Board (ICB) meeting week commencing 7th November 2022. There is a commitment from each partner to work together.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>18/615</p>	<p>2022/2023 STRATEGIC PRIORITIES QUARTER 2 UPDATE</p>		
<p>12 mins</p>	<p>DA presented the report, highlighting the changes to the executive lead and advising the Trust is moving to a multi-year approach for Strategic Priorities. All priorities are tracked by the relevant sub committee.</p> <p>CW queried how the Trust ensures there is no opportunity for further stretch for areas which are on target. DA advised it is important to track progress against implementation and to learn. There is a need to stop, think, learn, reflect and share. A key component at year end will be to undertake a review to identify what went well, what learning can be taken and what might be done differently going forward.</p>		

	<p>SB queried if consideration had been given to having a standard approach to address the areas which are underperforming, i.e. escalation processes, etc. DA advised the detail is discussed at the sub committees, with escalation and strategic conversations at the Board of Directors.</p> <p>MG noted a recent article in the Health Service Journal (HSJ) in relation to Winter Plan guidance which has been issued, suggesting patients who miss two outpatient appointments would be taken off the list. MG sought clarification regarding this and queried what approach the Trust is taking to ensure safe timely care.</p> <p>DS advised as an organisation there are a number of reasons why patients are unable to attend appointments, some of which relate to the Trust's operational aspects, notification of appointments, etc. The Trust would not want to suggest people in need of care are taken off waiting lists due to organisational processes. NHS England (NHSE) are trying to find ways of addressing the issue of people who do not attend appointments as they no longer need them and the Trust needs to improve ways of identifying these patients. Further information is awaited. DS advised the Trust has not instituted, or would want to institute, a policy of taking people off the waiting list if they do not attend appointments.</p> <p>MM advised the Trust's normal process, which has not changed, is to manage waiting lists in such a way that patients are contacted regularly to check they still need appointments. Every patient who comes off the waiting list is clinically reviewed.</p> <p>GW felt it would be useful for a summary to be provided, particularly if a priority is off track or there has been a negative movement.</p> <p>PR advised many of the strategic priorities are seeking to mitigate risks which are in the Board Assurance Framework (BAF). There is a thread which can be picked up and understood at each sub committee.</p> <p>SB sought assurance issues will be addressed in the sub committees and all priorities have been assigned to a committee. For example, it is not clear where the digital strategy will be picked up. This needs to be reflected in the notes. BB noted some priorities reference the Executive Team rather than a sub committee.</p> <p>CW requested an indication of where each priority sits be included in the next report. DA confirmed this information would be added, together with a narrative if an area is underperforming.</p> <p>Action</p> <ul style="list-style-type: none"> • Future strategic objective update report to include information where each priority sits and a narrative for any areas which are underperforming <p>The Board of Directors were ASSURED by the report</p>	<p>DA</p>	<p>02/02/23</p>
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18/616	STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE		
14 mins	<p>Maternity Update</p> <p>PS joined the meeting</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting Service User Voice and feedback from safety champion walkarounds.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Maternity Perinatal Quality Surveillance</p> <p>PB presented the report, highlighting third and fourth degree tears and restart of home births service. PB advised the introduction of additional metrics has been discussed by the Maternity Assurance Committee and it has been agreed the number of delays on the elective caesarean section list will be included in the next report.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Ockenden Insight Update</p> <p>PB presented the report, advising the report received following the visit by the regional team is positive. There are some areas for consideration which align to the Trust’s self-assessment. PS advised it was a positive visit. The team highlighted the work of the safety champions and agreed with the Trust’s self-assessment.</p> <p>AR queried if patients are choosing to come to SFHFT rather than Nottingham University Hospitals (NUH) and, if so, was this recognised by the regional team and has the ICS recognised this in terms of resource.</p> <p>PS advised this has been escalated and this is noted through the Local Maternity and Neonatal Systems (LMNS) as a risk. Women are choosing to book at SFHFT. They have community care within what is termed as an outlier and then come to deliver at SFHFT. There is a need to identify where these cases sit as some will still sit with the community teams but others will need to move to SFHFT resource. This has been raised through the regional teams and they are looking at how resources are allocated within the region. The numbers coming to SFHFT are difficult to predict as women on the Bassetlaw border are also choosing to book at SFHFT. The Trust is monitoring the postcode analysis and doing as much as possible to support teams. It is likely to be sustained pressure, which is why the Trust has engaged with system partners to look at how resource is allocated.</p> <p>DS advised there are two possible drivers to the movement from NUH, namely the negative publicity about NUH’s services and the public consultation in relation to some of the service provision across the south of the county, with the proposal for a single maternity unit on the Queens Medical Centre (QMC) campus. This is likely to be a significant impact for SFHFT.</p>		

	<p>As birth numbers increase, the Trust will tip into requiring a second tier of rotas, which will not be easy to deliver. This will affect not just maternity staff but also areas such as obstetric anaesthetic staff and neonatal provision. A series of changes will be required and some of this work has started. The Trust has highlighted the concerns to the regional team and support will be required across the system.</p> <p>AR felt it would be useful to see some metrics regarding increased birth numbers, etc. PS advised this data is being pulled together and will be reported to the Board of Directors. PS advised women will receive a minimum of two obstetric scans. From September 2021 to September 2022, there has been a 50% increase on scans undertaken on women from out of area postcodes. A business case is being put forward for a midwife sonographer. It was noted there are also estates issues which need to be addressed.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>18/617</p>	<p>STRATEGIC OBJECTIVE 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING</p>		
<p>7 mins</p>	<p>Covid Vaccination Update</p> <p>RS presented the report, advising the performance of the Hospital Hub continues to exceed the programme plan. In terms of the wider programme, uptake of the vaccine by eligible cohorts is greater than or equal to the national average. However, some focussed work is underway to encourage uptake by people aged 50-69. 20% of eligible healthcare workers have been vaccinated, which is greater than or equal to the national average. A roving model is now in place to offer Covid and flu vaccination to eligible inpatients and Trust staff.</p> <p>SB noted the challenge in relation to uptake across all ethnicities and queried what actions are being taken, or planned, to address this. RS advised in previous phases of the vaccine programme the 'Medivan' model has been used which takes the vaccine team out to local communities. There was some success with this and the plan is to continue this approach.</p> <p>AH noted the current good performance, but queried if this has now plateaued. RS advised people are still coming for their vaccines. However, there has been less national messaging than previous phases. Some work has been completed at Place to remind colleagues vaccines are available.</p> <p>ARB queried how the vaccines are promoted to the local community. RS advised the Trust has worked in collaboration with Place teams and is working collaboratively with local media to ensure key messages promoting the importance of uptake of the vaccine are issued to local citizens.</p> <p>AH queried how many pregnant women have had the vaccine. PS advised uptake is not as high as expected, but both Covid and flu vaccines are being offered at antenatal clinics.</p>		

	<p>DA advised the tone and urgency of the messaging will be changed in the coming weeks, moving away from “it’s time for your autumn booster” to “flu and Covid are in the hospital”.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>18/618</p>	<p>STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE</p>		
<p>12 mins</p>	<p>Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 Monthly Report</p> <p>PB presented the report, advising the Trust has consistently remained above 95% of the planned staffing levels, despite continued challenges. However, there is a need to consider how this translates to staff who feel they are busy and under pressure. There is a need to be transparent with teams what the establishment levels are and the work which is undertaken to maintain those levels. There is a large reliance on bank and agency, although agency rates have reduced in August and September, mainly due to the work which has been done in terms of incentivising bank rates. There were 374 staffing related incidents since March 2022. It was noted recruitment has been positive.</p> <p>RS advised there has been a refocus onto hard to fill areas. The Trust has a flexible bank model which is integral to supporting areas of high acuity. The health roster is important and the Trust is starting to improve efficiencies in resource in post.</p> <p>AH noted the Trust is recruiting but queried if it is right sizing. PB advised SFHFT can recruit in certain areas such as registered midwives (RMs) and healthcare assistants (HCAs). The Trust faces the same challenge as other organisations in relation to hard to recruit groups and while there has been some national work in relation to this, the output is unlikely to be seen for a few years. While there is talk of system roles, the reality is when organisations have a shortage and their need is so great, they will organise their own workforce before they work collaboratively. There is some concern in relation to the AHP workforce and the specialist roles.</p> <p>AH recognised the concerns raised in the report and queried what is happening in the system. RS advised there is opportunity but this requires collaboration. Readiness to collaborate is not always aligned to the Trust’s thinking as an organisation. The system has supported collectively with Health Education England (HEE) and there is an opportunity to work collaboratively in terms of what can be done to introduce alternative roles or upskill individuals to compliment what might be a fragile service. There is work to be done and the Trust is well placed to take the lead.</p> <p>PB felt the Trust can market itself better in terms of AHP roles. AH felt where there is a limited pool of people doing a specialist role, there is a need to ensure they are doing that role. PB advised there is a need to look at this through Allocate and job planning. There is a potential for 10-15% efficiency within that workforce just by ensuring they are doing the right tasks.</p>		

10 mins	<p>MG felt it would be useful for future reports to include information in relation to productivity and what is happening at a system level. It would also be useful for a deeper dive into productivity to be reported to the People, Culture and Improvement Committee. RS advised this could be built into the work cycle for 2023.</p> <p>Action</p> <ul style="list-style-type: none"> • Future Nursing, Midwifery and AHP Staffing reports to include information in relation to productivity and the position at a system level. • Deep dive into productivity to be built into the work cycle for the People, Culture and Improvement Committee for 2023. <p>The Board of Directors were ASSURED by the report</p> <p>PS left the meeting</p> <p>Medical Workforce Staffing</p> <p>DS presented the report, highlighting aspects in relation to medical workforce regulations, medical vacancies, work to agree pay rates across the system, work to reduce reliance on locums, trainee medical staff, work to support Specialists, Associate Specialists and Specialty Doctors and horizon scanning in terms of members of the workforce who are approaching retirement age.</p> <p>CW noted the discussions in relation to bank rates at ICS level and queried if similar discussions were taking place at a regional level. DS advised it is important to avoid escalation rates where individual trusts 'poach' staff from each other and medical directors across the whole of the Midlands have agreed to try to set unified rate cards across all different grades. There will be occasions where organisations have to go above the rate card, for example, if ED was critically staffed. However, having an agreed baseline and rules about when there can be a variance to that baseline is important. This is a big piece of work and there is a need for organisations to work together to progress this.</p> <p>RS advised non-pay related / environmental factors can make a big contribution. It is imported to look at the overall package of terms and conditions, not just pay.</p> <p>MG queried if there was any update in relation to the pensions issue. RS advised this is an ongoing, complex agenda. The Trust has some local interventions it is planning to implement to help colleagues with some of the taxation challenges.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>PB</p> <p>RS</p>	<p>04/05/23</p> <p>01/12/22</p>
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18/619	<p>STAFF STORY – JUST AND RESTORATIVE CULTURE – SHERWOOD JOURNEY</p>		
16 mins	<p>DK / RN joined the meeting</p> <p>DK and RN presented the Staff Story, which highlighted the Trust’s Just and Restorative Culture.</p> <p>MG felt this is an example of how a process has changed to work towards a valuing culture. MG queried if this best practice is used in other areas to look at processes which work against the desired culture. DK advised the learning is shared internally, working with nursing and medical colleagues looking at serious incidents and taking the just and restorative approach. The HR Team is working to ensure the culture is embedded within all the Trust’s people practice policies. The Trust is also working with system colleagues and sharing learning with other trusts. RN advised all the learning and processes have been shared with the staff council in London.</p> <p>ARB felt this was a good story, noting the focus on the person and the no blame culture.</p> <p>AH felt this is very good work and queried if the link to this work is made in recruitment processes. DK advised it forms part of the values based recruitment, but acknowledged more could be done to advertise this as it enhances the Trust’s reputation and will make the Trust an employer of choice.</p> <p>PB noted on returning to work for the Trust in 2022, after a two year absence, it was evident how well this is embedded and the cultural shift is noticeable. RN advised the blame culture has gone from the organisation.</p> <p>CW queried if the Staff Survey gives the opportunity for people to reflect about the impact this may have had on them or the culture generally. DK advised the last Staff Survey saw an increase in terms of staff experience and how leaders manage. An element of this can be attributed to the Just and Restorative Culture. There has been a year on year improvement in this area of the Staff Survey.</p> <p>RS advised the Trust has been on a journey in terms of having a person centred approach and how things are done, noting the partnership working with staff side. The HR Team have a commitment to do things the right way and in a timely way.</p> <p>SB queried how this culture feels for doctors, nurses and other professionals and if timescales of investigations have reduced. DK advised the Just and Restorative Culture is embedded within the Trust’s medical disciplinary policy. Timescales have significantly decreased. The approach is to look at the whole situation, not who is to blame. When things do not go as planned, the Trust will seek, where possible, to resolve the issue informally and learn from the incident. If something does go wrong and people need to be held to account, this is done but in a compassionate way.</p>		

	<p>RN advised no-one is left on their own. If a member of staff is not in a trade union, HR will notify RN as staff side chair and she will provide support to that member of staff.</p> <p>DS advised this is a theme which cuts across many different areas and having an open culture, where people do not feel they are to blame is important. When something does go wrong, there is very rarely any form of root cause. It is important to take learning, rather than allocate blame.</p> <p>CW felt this work is an exemplar for the Trust, noting this is shared across the system, which is not limited to NHS organisations.</p> <p>DK / RN left the meeting</p>		
<p>18/620</p>	<p>SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT</p>		
<p>46 mins</p>	<p>QUALITY CARE</p> <p>PB highlighted nosocomial Covid infections, MRSA and Friends and Family Test (FFT) in ED</p> <p>DS highlighted cardiac arrest rate and Hospital Standardised Mortality Ratio (HSMR)</p> <p>AR noted the gap between the national figures and the Trust's figures for HSMR has been fairly constant from July 2020 to June 2022 and queried if the gap would be the same for a similar trust to SFHFT with a similar population. AR noted there is a high vaccination rate local to the Trust and queried if that is different to a comparable trust in terms of outcomes. AR queried if it is respiratory illness which is contributing to HSMR or other areas.</p> <p>DS advised the data provided to the Trust includes a comparison to peer trusts and national figures. All peers are showing an increase in HSMR. It was acknowledged SFHFT has seen more of an increase than some organisations and DS advised the comparable data was included in the Learning from Deaths report which was presented to the Board of Directors in October 2022. There are some specific aspects which has led to the Trust being out with other organisations, for example, the Trust is in the lower quartile in the country for palliative care coding and this significantly skews the data. The Trust has done work to address this. The Trust has had a number of cumulative sum (CUSUM) alerts and there are some disease categories where the Trust has undertaken investigative work, for example, neck of femur, alcoholic liver disease and chronic obstructive pulmonary disease (COPD). The data does not represent any real concern in relation to quality. It is felt the figure relates to the data and coding the Trust is providing and the way data is captured, as opposed to there being an issue with quality.</p> <p>AH noted there are some technical issues which can influence HSMR and this may account for the gap to the national figures. However, AH noted issues in relation to coding and structured judgment case reviews (SJCRs) and sought assurance in relation to the Trust's mortality surveillance processes.</p>		

	<p>DS advised there is no collaborative information to suggest the Trust has a quality issue in terms of HSMR. However, processes which require improvement have been identified. The HSMR data is providing indicators in terms of areas the Trust needs to look at to identify areas for improvements. There is an established SJCR process in terms of Learning from Deaths and significant improvements have been made to identify themes across organisations. However, some national support is required in relation to explaining some data.</p> <p>AH felt there is a need to understand the headlines, for example, is the increase evenly distributed across the board or are specific areas flagging up. AH noted before the Learning from Deaths process was introduced, the medical examiner process would have looked at the case notes of those deaths and reviewed them. AH felt there needs to be some assurance this has happened. DS advised cases do still go through a review and assurance process, including an external, independent review process.</p> <p>DS advised the Trust is seeing a lot of patients being admitted with Covid and this is being picked up as testing is still carried out. However, it is difficult to be clear if Covid is the last aspect which causes the admission or if it is the initial cause.</p> <p>MG queried how the HSMR data is used to help inform the ICS strategy and to look at interventions required outside SFHFT, for example, alcoholic liver disease. BB advised there are various sources of very comprehensive information which are used at the ICS. The Joint Strategic Needs Assessment (JSNA) informs the Health and Wellbeing Strategy, which aims to try and work 'upstream'. Some of the early action taken will have an impact 'downstream'. It was noted alcohol is one of the nine priorities for the Nottinghamshire Health and Wellbeing Strategy.</p> <p>DS advised there is a system wide alcohol prevention workstream, which the Trust is linked into. PR advised there is a developing ICS strategy and priorities at Place which are being informed by the Health and Wellbeing Strategy.</p> <p>BB felt it would be useful if the relationship between HSMR and Standardised Hospital Mortality Indicator (SHMI) could be included in the next HSMR update to the Quality Committee as it was noted there has also been a rise in SHMI. BB felt the issue in relation to palliative care coding has been ongoing for some time and would not, therefore, be a reason for an increase in HSMR now. DS advised there has been a change in coding which has exacerbated previous issues.</p> <p>Action</p> <ul style="list-style-type: none"> • Information in relation to the relationship between HSMR and SHMI to be included in HSMR update to Quality Committee 	<p>DS</p>	<p>01/12/22</p>
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	<p>PEOPLE AND CULTURE</p> <p>RS highlighted appraisals, quality improvement training, staff wellbeing, menopause conference, mandatory training, vacancy and turnover rates, staff survey and the issuing of George Cross badges to staff.</p> <p>TIMELY CARE</p> <p>MM advised there has been a decline in 4 hour performance, largely driven by exit block in terms of the number of patients who are medically fit for discharge, which has also resulted in high bed occupancy rates. However, ambulance turnaround times remain good and the Trust is one of the top organisations in the country and region for this indicator. The Trust continues to use same day services to avoid admittance and benchmarks well regionally and nationally against this target. The Transfer of Care Hub has now opened at King’s Mill Hospital and is an integral part of the system wide Discharge to Assess pathway.</p> <p>In terms of elective care, SFHFT continues to benchmark well in terms of the longest waiting patients and there are currently zero 104 week waits. The 78 week waits are on trajectory and the position is continuing to improve. Activity against plan has improved across the quarter. There has been a reduction in remote attendances and work is ongoing to understand the drivers for this. The Trust has made some reduction in follow up appointments. However, this is only a small reduction and is unlikely to improve significantly given the size of the overdue list. However, good progress has been made against the target for patient initiated follow up.</p> <p>In terms of cancer, there are currently 102 patients waiting over 62 days for treatment, which is above trajectory. However, there was a slight improvement in August performance and the faster diagnosis standard remains within target. Capacity constraints remain in relation to the treatment part of the pathway and a series of tumour site reviews has commenced.</p> <p>AR felt it would be useful to include a breakdown by seniority of clinician in the work looking at the reasons for the reduction of remote attendances. AR noted there are currently 102 patients waiting over 62 days for cancer treatment and queried what the trajectory was. MM advised this was 87.</p> <p>Action</p> <ul style="list-style-type: none"> • Breakdown by seniority of clinician to be included in the work looking at the reasons for the reduction of remote attendances <p>BEST VALUE CARE</p> <p>RM outlined the Trust’s financial position at the end of Month 6, highlighting income and expenditure position, agency expenditure and cash position.</p>	<p>RE</p>	<p>01/12/22</p>
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	<p>CW noted SFHFT has a higher level of Covid prevalence than other areas, which is reflected, to some extent, in the costs outlined. CW queried how SFHFT's Covid spend compares to similar trusts.</p> <p>RM advised there was a drive to remove Covid expenditure when plans were being developed at the start of the year. Some trusts have moved what would have been termed Covid expenditure back into mainstream expenditure, thus making comparisons difficult. However, Nottinghamshire was identified as being high up the list in terms of reporting on Covid. A system working group is looking at Covid expenditure to ensure the spend is justified. This links back to staff non-availability figures and patient instances of Covid. Internally the processes around Covid spend remain unchanged.</p> <p>CW noted the challenges in relation to cash flow and sought assurance in terms of the Trust's awareness of the impact payment terms might have on local suppliers. RM acknowledged the importance of maintaining relationships with suppliers and this has been key to the discussions with NHSE. RM advised the Trust communicates regularly with suppliers to ensure they understand when they will be paid.</p> <p>The Board of Directors CONSIDERED the report</p>		
<p>18/621</p>	<p>BOARD ASSURANCE FRAMEWORK (BAF)</p>		
<p>7 mins</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. The current risk rating for PR1 and PR4 remain above the tolerable risk rating.</p> <p>ARB confirmed the Finance Committee had a significant discussion in relation to PR4 and the Committee agreed the risk rating for current exposure should remain at 16, with a tolerable rating of 12. This will be kept under review. RM advised work continues to reduce the current exposure risk rating.</p> <p>BB confirmed the Quality Committee has a robust discussion about the principal risks at each meeting. It was noted the current risk rating of 16, against a tolerable rating of 12 for PR1 has been the position since the since start of the Covid pandemic, but each time the Committee felt it could be reduced, another issue arose. AR advised there are a number of driving factors which keep the rating above the tolerable level, for example, Covid, high bed occupancy, high number of medically fit for discharge patients, etc. All of these factors can change with Winter pressures. Therefore, the Committee felt the rating could not be reduced.</p>		

	<p>SH queried if the Quality Committee had considered reviewing the tolerable level for PR1, as this should be an ongoing, proactive discussion. BB noted this as a challenge for the next meeting of the Quality Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • Tolerable rating for PR1 to be discussed at the next meeting of the Quality Committee <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework</p>	BB	01/12/22
18/622	USE OF THE TRUST SEAL		
1 min	<p>SH advised the Trust Seal has not been used in the last quarter.</p> <p>The Board of Directors ACKNOWLEDGED the update</p>		
18/623	EMERGENCY PREPAREDNESS		
12 min	<p>MS joined the meeting</p> <p>Emergency Preparedness (EPRR) Core Standards Self-Assessment</p> <p>MM presented the report, advising there has been a change this year to the way in which the EPRR Core Standards Self-Assessment is reviewed. The Trust has 11 areas of partial compliance and no areas of non-compliance, resulting in a partial compliant plan. This is only rated once per year and while some areas of partial compliance are easy to amend, there is no opportunity to amend the rating until next year.</p> <p>MS advised the Trust has not deteriorated in the level of compliance in any area but the process has been more rigorous this year. The confirm and challenge process does not allow for any period of amendment. There has been some regional push back on the process.</p> <p>ARB queried if the Trust received any guidance before the confirm and challenge process. MS advised guidance was received, but only the day before.</p> <p>AR queried if the Trust is doing an exercise to help prepare for possible industrial action. MS advised he is a member of the management group preparing for possible industrial action. A business continuity plan is to be produced, specific for this potential industrial action. Once completed, a table top exercise will be undertaken in early December 2022.</p> <p>CW noted there is some speculation the government has to prepare for potential challenges in relation to energy supplies and queried what actions the Trust are taking.</p>		

	<p>MS advised the workplan, which is overseen by the Resilience Assurance Committee, includes regular testing. In terms of power outages, a 'black start' exercise is run once per year. This is scheduled for week commencing 7th November 2022. Any learning from this will be captured through the Resilience Assurance Committee.</p> <p>GW noted the work which took place to prepare for 'Brexit' helped raise awareness across the Trust of possible issues and felt it may be useful to do something similar in preparation for possible industrial action.</p> <p>MS advised there is a checklist of actions to take and communication is a key part of that. RS advised discussions about the likelihood of industrial action have been taking place for some time. A national checklist has been provided, which has enabled the Trust to undertake a readiness assessment. The planning which has been completed to date has put SFHFT in a good position, but there are always areas for opportunity. The Trust has a good partnership arrangement with trade union colleagues.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Incident Response Plan</p> <p>MM presented the report, advising the plan has been updated and has gone through the required governance process.</p> <p>MS advised this is the 3 yearly upgrade of the Trust's Major Incident Plan, which has been renamed the Incident Response Plan. The changes made are outlined in the report.</p> <p>The Board of Directors APPROVED the Incident Response Plan</p> <p>MS left the meeting</p>		
<p>18/624</p>	<p>ASSURANCE FROM SUB COMMITTEES</p>		
<p>4 mins</p>	<p>Finance Committee</p> <p>ARB presented the report, highlighting the adverse variance to the financial plan at Month 6 and the appointment of GW as Vice Chair of the Committee. ARB advised the Committee had a significant discussion in relation to Principal Risk 4 of the BAF.</p> <p>The Board of Directors were ASSURED by the report</p> <p>People, Culture and Improvement Committee</p> <p>MG presented the report, highlighting the appointment of SB as Vice Chair of the Committee, appraisals, mandatory training, preparations for possible industrial action and a review of the BAF risks.</p> <p>The Board of Directors were ASSURED by the report</p>		

	<p>Charitable Funds Committee</p> <p>SB presented the report, highlighting the appointment of BB as Vice Chair of the Committee, new risk added to the register, absence of a major fundraising appeal and the recommendation to the Corporate Trustee to approve the annual accounts and letter of representation.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/625	OUTSTANDING SERVICE – CELEBRATING OUR VOLUNTEERS		
5 mins	A short video was played highlighting the work of the Trust’s volunteers.		
18/626	COMMUNICATIONS TO WIDER ORGANISATION		
1 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Celebrating and thanking the Trust’s volunteers • Staff Story – Just and Restorative Culture • Staff Excellence Awards • Staff Survey • Availability of flu and Covid vaccinations • Re-launch of 24 hour home births service • Emergency preparedness • Preparations for potential industrial action 		
18/627	ANY OTHER BUSINESS		
	No other business was raised.		
18/628	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 1st December 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>		
18/629	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>		

18/630	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
4 mins	<p>CW advised the following question was received:</p> <p>“Following on from DA and PR’s comments on the ICS and the recent critical incident, an article in the HSJ on 11th October 2022 suggested that ‘relationships have broken down between the councils and the hospitals’. Ben Bradley (MP) noted that while the ICS intended to work more collectively with councils to manage care service provision, ‘At the minute, they’re still doing admin and governance,....it’s not quite in that space.’ Has the ‘golden thread’ approach moved us from that position?”</p> <p>DA advised the HSJ article referred to does not specifically reference SFHFT. There are positive relationships in Nottinghamshire. The Trust has ongoing conversations at district council level and the emerging relationship with county council colleagues is mature. There is a commitment from chief executives of sovereign organisations to work together on added value for the local communities. What this will ‘look like’ is yet to be determined. The Trust works with ICS partners in relation to the team, infrastructure and support which will be required.</p> <p>PR advised the relationships are excellent and reaching a state of maturity where it is possible to map out and explore opportunities for working together.</p>		
18/631	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>		