

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on Thursday 1st December 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
	Rachel Eddie	Chief Operating Officer	RE

In Attendance:	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
	Paula Shore	Director of Midwifery	PS
	Philip Buckley	Research Practitioner	PBU

Observers:	Carl Miller	Deputy Chief Nurse
	Sue Holmes	Public Governor
	Ian Holden	Public Governor
	Rich Brown	Head of Communications
	Andrew Marshall	Deputy Medical Director
	3 members of the public	

Apologies: None

Item No.	Item	Action	Date
18/645	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>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 any members of the public watching the live broadcast were able to submit questions via the live Q&A function.</p>		
18/646	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
18/647	APOLOGIES FOR ABSENCE		
1 min	There were no apologies for absence.		
18/648	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 3 rd November 2022, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/649	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 18/551, 18/618.2, 18/620.1, 18/620.2 and 18/621 were complete and could be removed from the action tracker.		
18/650	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 presentation of Staff Excellence Awards and preparations for the Council of Governor elections to be held early in 2023.</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 proactive recruitment of members, with a focus on youth governors.</p> <p>The Board of Directors were ASSURED by the report</p>		

18/651	CHIEF EXECUTIVE'S REPORT		
15 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 achievement of Pathway to Excellence accreditation, preparations for possible industrial action, ICB Winter Plan and the planned retirement of Shirley Higginbotham, Director of Corporate Affairs.</p> <p>PR advised the Care Quality Commission (CQC) conducted an inspection of the Trust's maternity services on 22nd to 24th November 2022. There were no immediate concerns raised.</p> <p>From Monday 29th November 2022, the requirement to wear face masks in non-clinical areas of the Trust has been removed. Close monitoring of Covid, flu and other respiratory disease infection rates will continue on a weekly basis.</p> <p>The UK Covid-19 public enquiry continues. A questionnaire to understand the impact of the pandemic on individual organisations has been issued to all Integrated Care Boards (ICB) and provider trusts. This was received by SFHFT on 30th November 2022 and is due for return on 19th December 2022. There will be Executive Team oversight of the submission and the Board of Directors will be updated as appropriate.</p> <p>AR expressed concern the Infection Prevention and Control (IPC) requirements have been relaxed, given vaccination rates are not at the anticipated level. There is a need for the Trust to be vigilant and have a low threshold for reintroducing the wearing of face masks and other IPC measures.</p> <p>DS advised the Trust has been outwith actions taken by other organisations for a long time. Recently there has been a marked drop in the number of Covid infections within the organisation. The focus on keeping patients and colleagues safe remains and the relaxation of IPC measures provides the opportunity to push vaccination messages. The Trust has devised a 'step wise' system, relative to the number of patients with Covid and flu within the organisation and the number of outbreaks. As there is no longer community testing for Covid, the Trust does not have that insight. The Trust will remain vigilant and would not hesitate to make any changes necessary.</p> <p>SB queried if there has been any change in the Trust's response to an outbreak. PB advised there are fewer outbreaks but the way they are managed has not changed. DS advised previously patients were regularly tested as it was clearer to track when a patient acquired Covid within the organisation. This testing is less frequent, but admission Covid swabs are still undertaken for all patients.</p> <p>AR sought clarification regarding the number of additional beds in the ICB Winter Plan, noting the number of additional beds for SFHFT is almost the same as Nottingham University Hospitals (NUH), which has almost double the bed base. AR felt if NUH have difficulties, patients may come to SFHFT. AR queried the rationale for this approach.</p>		

7 mins	<p>PR advised the modelling which led NUH and SFHFT to the conclusions in the Winter Plan was done separately. While the principles were similar across both trusts, there was no single modelling piece of work as part of the ICB Winter planning.</p> <p>AR felt if organisations do not behave in equal ways, the patient burden will shift from one to the other. PR advised a piece of assurance work took place across the ICB to test out the plans and no risks were raised. Assurance has been provided that the plans in place mirror what the modelling suggests will be required and the bed base ensures the capacity is available.</p> <p>RE advised the approach to Winter planning is similar at both SFHFT and NUH, noting what varies is the opportunity. At SFHFT, there is the opportunity to use estate which had not been available for a number of years, i.e. Mansfield Community Hospital (MCH). In addition, the action taken by SFHFT to put the care home in place is quite different to actions taken by NUH. The balance between additional acute capacity verses system mitigations is driven by the art of the possible, rather than what the modelling is telling you. This explains some of the variation.</p> <p>AH felt the plan looks tight in terms of bed numbers and noted norovirus is not factored into the modelling. Elective activity appears to be the only contingency. AH queried what the effect on elective activity would be if that contingency had to be used.</p> <p>RE advised the Trust has not specifically modelled norovirus, noting there is insufficient 'good enough' data. However, the Trust has modelled flu and Covid. There is a degree of error margin around the predictions in the Winter Plan. The Winter Plan is predicated on trying to keep elective activity in place. In an extreme situation, where there was a compounded Covid, flu and norovirus spike, reducing elective activity would have to be one of the mitigations to consider. However, this would only be as a last resort.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Integrated Care System (ICS) Update</p> <p>DA presented the report, highlighting the ICS Strategy engagement events, the bid for Provider Collaborative innovator site and Place Based Partnership (PBP) 'stock-take'.</p> <p>ARB queried if the bid for the Provider Collaborative innovator site will include Bassetlaw. DA advised Bassetlaw will be included.</p> <p>MG queried what evaluation has taken place as part of the 'stock-take' and what are the lessons learned which will inform the next stage. DA advised through the PBP there has been the opportunity to drill down to community based data and some analysis of priority areas has taken place. Targeted areas have been identified and there have been a number of activities, together with district councils, in relation to engaging with those communities. Measurement of success is difficult and there is more work to do in relation to this.</p>		
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	The Board of Directors were ASSURED by the report		
18/652	STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE		
17 mins	<p>Maternity Update</p> <p>PS joined the meeting</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting the presentation of a Staff Excellence Award to the Maternity Team, CQC inspection, Freedom to Speak Up (FTSU) walkarounds, Maternity Support Worker Forum and SCORE survey.</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 delays in elective care. PS advised postpartum haemorrhage and the Apgar score are slightly raised this month, noting there is no harm associated with this. The cases have gone through the multidisciplinary team (MDT) process and no cases required escalation.</p> <p>BB noted the increase in third and fourth degree tears in month, but acknowledged it is relatively small numbers which lead to the variation. It was noted the running average is 2.18%, which is within the normal range. However, BB advised she welcomed the deep dive which will be presented to Quality Committee.</p> <p>The Board of Directors were ASSURED by the report</p> <p>East Kent Gap Analysis</p> <p>PB presented the report, highlighting the four areas for action identified in the report into care at East Kent and the SFHFT's response. PS advised the response to the East Kent report has been escalated within the system and there are areas which can be worked on as a system, as part of the Ockenden Working Group, until national clarity is received. In addition, an internal benchmarking process has commenced. PB advised it is likely an overarching Single Oversight Framework (SOF) will be developed for maternity services, which will pull the various reports together.</p> <p>DS acknowledged the current spotlight on maternity services and advised PS has been asked to lift themes from the various reports into a thematic approach which can be used to look across other services within the organisation.</p> <p>MG queried how the Trust can identify optimism bias and avoid it. PB advised it is important to listen to people, triangulate information and sense check information. There is a need to identify learning across specialities and be prepared to listen and accept feedback without being defensive.</p>		

	<p>PS advised there are structures in place within maternity services and the service is subject to constant external scrutiny. The Trust's data is shared locally, regionally and nationally and external teams would contact the Trust if trends started to appear in any measure. This provides assurance but there is also a good governance framework in the division.</p> <p>GW advised he welcomed looking at how the approach adopted in maternity could be applied across other services within the organisation to obtain the same level of assurance.</p> <p>ARB queried how the good practice which is developing in the Trust can be shared with the wider system. PB advised within the maternity system there are lots of forums and networks for sharing information and best practice.</p> <p>The Board of Directors were ASSURED by the report</p> <p>NHS Resolution (NHSR) Submission</p> <p>PB presented the report, advising due to changes to timelines and deadlines for the NHSR submission, a request is being made to delegate responsibility for the evidence review to be transferred to the Medical Director and Chief Nurse.</p> <p>SH advised 360 Assurance have reviewed some of the evidence and completed an advisory report, which notes some of the evidence is not in place but recognises it will be in place by December 2022.</p> <p>BB requested an update regarding progress of the review of evidence be provided to the Quality Committee on 19th January 2023.</p> <p>Action</p> <ul style="list-style-type: none"> • Progress on the evidence review for the NHSR submission to be included in the Maternity Assurance Committee report to the Quality Committee in January 2023 <p>The Board of Directors APPROVED responsibility for reviewing evidence and signing off the NHSR submission be delegated to the Medical Director and Chief Nurse.</p> <p>PS left the meeting</p>	PB	02/02/23
18/653	STRATEGIC OBJECTIVE 2 - TO PROMOTE AND SUPPORT HEALTH AND WELLBEING		
11 mins	<p>Covid Vaccination Update</p> <p>RS presented the report, advising the Trust continues to offer the Covid vaccination in accordance with Joint Committee on Vaccination and Immunisation (JCVI) guidance. It was noted activity has slowed. However, uptake is above the national average for the majority of cohorts. The Trust continues to encourage individuals to be vaccinated and offers a flexible approach.</p>		

CW queried if the roving team visits care homes and other people who are the most vulnerable in the community. RS advised the vaccination programme is a flexible model which is system led. SFHFT works collaboratively with system partners to ensure teams are resourced to go out into the community.

BB noted uptake of the vaccine is above the national average, but is still low, highlighting the uptake rates for staff and healthcare workers, of both the flu and Covid vaccines, and the more vulnerable members of the community. BB queried what more could be done to encourage people to have the vaccine.

RS advised the Trust has tried to make obtaining the vaccine as easy and as accessible as possible, including teams going out to ward areas. A promotional campaign has been run about the importance of vaccination. However, it was acknowledged uptake levels are not where they need to be. Encouraging people to have the vaccine continues to be a priority. There is a need to be supportive and try to understand what is preventing vaccine uptake.

BB queried if there is any intelligence to explain why uptake of the vaccine is low for this booster programme. RS advised there has been no national media approach for this campaign, which has been the case in previous campaigns. In addition, there is no longer the level of scrutiny for foreign travel which has previously been in place. DS advised the societal message is Covid is over. This makes it difficult for the Trust, as a healthcare organisation, to explain this is not the case as people will 'hear what they want to hear'.

BB noted the Winter Plan puts an emphasis on vaccination as a mitigation. If the community is not protected, the implication is elective activity will suffer.

PB advised the vaccine has been made accessible, but it is personal choice whether to have the vaccine. The importance of vaccination is pushed with teams as far as it is appropriate to do so.

AR queried if staff working on the Vaccination Team are being diverted elsewhere, given they are not vaccinating as many people as they were previously. RS advised the Trust operates a flexible employment model for the delivery of services, with a core team which is complemented by the bank model. This means the Trust can step up and step down as appropriate and be as efficient and effective as possible in the utilisation of staff. RS advised his team works collaborative with PB to redirect colleagues elsewhere at periods of 'lull' in the Vaccination Centre.

DA advised feedback from the voluntary sector suggested people are distracted with the cost of living crisis. The Covid test and trace service has gone and people do not have the resource or resilience to pay for a test.

PR advised in recognition of the lack of national communication about the importance of vaccination, the Trust has recently stepped up the internal communications relating to urging staff to get protected.

The Board of Directors were ASSURED by the report

<p>14 mins</p>	<p>Guardian of Safe Working</p> <p>DS presented the report, advising the Trust encourages all trainees and fellows to complete exception reports which relate to working hours compliance. In the reporting period there were 109 exception reports, 106 of which relate to working hours. There were four reports categorised as immediate safety concerns, three of which have now been closed. Targeted work undertaken in relation to medical vacancies is detailed in the report.</p> <p>AR queried if junior doctors are not feeling valued enough, which is leading to them reporting working an hour or two hours over their time. DS advised there is significant 'disgruntlement' among the national medical trainee workforce. However, there are things the Trust can do to ensure trainees feel welcomed and part of SFHFT. Trainees are provided with some basics, such as parking spaces, but there is more which can be done, for example, provision of a doctors' mess and sleeping pods and hot food provision overnight. In addition, a more seamless approach to rotation is required.</p> <p>AH felt intelligence obtained from people exiting the organisation needs to be triangulated with other sources of information.</p> <p>CW noted the issue relating to hot food provision affects all staff, not just doctors.</p> <p>RS advised the Trust actively strives to influence the processes in relation to people moving from one organisation to another within the system. There is a need to use existing forums within the organisation to listen to staff, particularly in relation to what would make a difference to them, noting there is a dedicated medical education team who communicate with the junior doctors.</p> <p>SB felt an action plan needs to be developed detailing what actions will be taken to improve the experience of junior doctors at the Trust. DS advised he would develop this and provide a report to the People, Culture and Improvement Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • Action plan detailing actions to be taken to improve the experience of junior doctors to be presented to the People, Culture and Improvement Committee <p>The Board of Directors were ASSURED by the report</p>	<p>DS</p>	<p>02/02/23</p>
<p>18/654</p>	<p>PATIENT STORY – RESEARCH THROUGH THE EYES OF A PANDEMIC</p>		
<p>14 mins</p>	<p>PBu joined the meeting</p> <p>PBu presented the Patient Story, which highlighted the importance of research through the Covid pandemic.</p> <p>PB thanked PBu and the Research Team for their work.</p>		

	<p>DS advised Covid has changed the world of research forever, primarily because there was a common 'enemy' and people came together. The recovery trial is an example of a platform trial, whereby one therapy is tested against another. It is a constantly evolving process, which enables a large amount of data to be obtained in a short period of time. Platform trials have previously been rarely used. However, it is recognised they are the future way of working for research.</p> <p>AH thanked the Research Team, noting there are real positives to be taken from the story. It is important to maintain the focus on research.</p> <p>GW noted the support which being involved in the recovery trial provided the patient.</p> <p>DA advised a process is in place to share videos which are presented to the Board of Directors both internally and on social media platforms and media outlets.</p> <p>PBu left the meeting</p>		
<p>18/655</p>	<p>SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT</p>		
<p>23 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 Venous thromboembolism (VTE).</p> <p>PEOPLE AND CULTURE</p> <p>RS highlighted sickness absence, staff wellbeing, appraisals, increase in formal employee relation cases and Staff Survey.</p> <p>TIMELY CARE</p> <p>RE advised the Trust continues to be under significant pressure at the 'front door' and this is reflected in the ED 4 hour wait performance. While this is under target, SFHFT continues to benchmark well, both regionally and nationally. Ambulance turnaround times remain very good and the Trust benchmarks well nationally.</p> <p>The number of patients medically fit for discharge remains high, notwithstanding some improvement due to the implementation of the Discharge to Assess business case. However, the full impact of this on the number of medically fit patients is still to be seen. The Transfer of Care Hub has been in place for approximately a month. While there is more work to do, there are signs of improvement.</p> <p>Actions outlined in the Winter Plan are starting to be implemented. It was noted there has been a significant delay relating to the opening of the beds on Oakham Ward at Mansfield Community Hospital. Due to delays in work to the lifts, only 12 of the planned 24 beds are currently open.</p>		

In terms of elective activity, a challenge remains to achieve plan for the majority of indicators. A key driver in relation to day case and inpatient activity remains as the challenge in relation to anaesthetic staffing and a recruitment plan is in place to mitigate this. Outpatient activity is performing well, particularly in relation to patient initiated follow ups. Did Not Attend (DNA) rates are reducing, which will increase productivity. The Trust remains under target for remote appointments. There are currently zero 104 week waits and the 78 week waits are on trajectory.

In terms of cancer, this is not showing a huge sign of improvement up to the date of the report. However, there has been improvement over the past month. There is more work to do to reduce backlogs but progress is being made. Diagnostic standards are holding up well.

AH noted in terms of day case work it is noted in the report as a root cause for underperformance that there is insufficient activity to the anticipated plan. AH sought clarification on this.

RE advised the reasons are multifactorial, noting there is more which can be done to improve utilisation, for example moving more work over to Newark Hospital. There is an underlying challenge in relation to theatre staffing, particularly anaesthetics, and there is a rolling recruitment plan in place. However, it was noted this is a fragile speciality in terms of recruitment nationally. An improvement programme is in place which is focused on 'in-list' utilisation. The Trust has recently secured funding from the national Targeted Investment Fund (TIF) to expand day case work and minor ops capacity at Newark. This will not deliver in the short term but will provide more capacity.

BEST VALUE CARE

RM outlined the Trust's financial position at the end of Month 7.

AR queried how many staff have been taken on since the beginning of Covid and where are they deployed. RM advised this relates to the productivity question which is being asked. At a gross level, workforce numbers between Q3 of 2019/2020 and now is circa 600 whole time equivalents (WTE). There is cover for increased sickness, which continues to run at higher levels than the baseline period. In addition, there has been growth in areas such as ED. The Trust has invested in medical staffing in terms of out of hours provision and there has been further investment in maternity. The national data shows increased spend and more people, but overall activity related output has not necessarily increased. The Trust is trying to understand where the opportunity might lie.

GW advised the Finance Committee has had a good discussion in relation to this. The key part is the protocol for change, which sets a lot of information requirements, many of which relate to workforce. The Finance Committee have agreed to do a detailed analysis. The Trust and system will not necessarily exercise the protocol for change, but the areas it covers are things the Trust should be doing.

The Board of Directors CONSIDERED the report

18/656	INFECTION PREVENTION AND CONTROL (IPC) BOARD ASSURANCE FRAMEWORK (BAF)		
2 mins	<p>PB presented the report, advising there are 96 key lines of enquiry. The Trust can evidence compliance with 94 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>		
18/657	ED BUSINESS CASE		
17 mins	<p>RE presented the report, highlighting the drivers for developing the business case and the 'exit strategy' for redeploying the additional staff recruited should the point be reached where the risk can be mitigated and patients are no longer waiting in ED.</p> <p>AR felt it there is a need to identify the 'exam question'. Is it, 'there are a lot of patients attending ED and the Trust needs to treat them', or is it 'there are patients attending ED who do not need to and what is the ICS doing to control that flow of patients, many of whom should be cared for in the community'. AR advised he welcomed the plans for staff to be redeployed, but expressed concern, given the financial challenges the Trust faces.</p> <p>RE advised the business case is based on a realistic view of what is anticipated will happen over the coming years. Obviously the preference is not to have people in ED who could be treated elsewhere and to not have long bed waits in ED. However, they are there and have been over a number of years. The Trust is currently addressing this in a way which is unsustainable and is not right for the workforce, nor is it providing good value for money. There is a need to take a pragmatic approach to how the risk being faced now is dealt with, whilst continuing to work on the initiatives in relation to reducing bed waits, increasing flow, ensuring patients are treated in the community when they do not need to come to ED, etc. If the workforce is not invested in, to deal with the problem faced, ED will be under ever increasing pressure which will impact on quality, staff wellbeing and the financial position. The actions currently being taken are not having sufficient impact.</p> <p>ARB advised the Finance Committee fully scrutinised the staffing figures.</p> <p>SB queried if the Trust has been cautious in developing the business case and if more could be done. RE advised there is a need to get the balance between addressing the issues the Trust currently faces, while trying to keep a little tension in the system to address the underlying issues. The case as outlined is where the department feel they need to be to provide a safe service and shore it up for the future. RE advised she felt the balance is right.</p> <p>SB noted the improvement in the metrics the implementation of the case should provide and queried how these would be measured.</p>		

RE advised the metrics will be tracked through the Emergency Pathway Steering Group. In addition, RE advised there would be a post business case evaluation in the form of a review in 6 months' time through the Trust Management Team (TMT) to confirm staff have been recruited as expected and the benefits, both financial and in terms of the quality metrics, have been delivered.

SB queried if, given the value of the business case, the review would need to come back to the Board of Directors. SH advised the business case would be monitored through the Finance Committee. GW felt there should be ongoing review through the Finance Committee, after the initial review in 6 months' time, to check staff have been redeployed if the position in ED stabilises.

MG queried if the Trust has done any work with the primary care function on site in terms of any missed opportunities. RE advised the PC24 model, which is run by NEMS on the King's Mill Hospital site, is a very effective model. ED and PC24 work together and RE advised she has regular meetings with the PC24 general manager. Therefore, there is constant dialogue exploring how ED and PC24 can work together. The Trust streams patients to PC24 and works very closely on setting the criteria. This is an area which is within the Trust's gift to maximise the amount of activity going through PC24.

CW felt this case will have an impact to reduce some of the risks in Newark. The Urgent Treatment Centre (UTC) at Newark Hospital is under considerable pressure, particularly because of what might be 'inappropriate' referrals or encouragement within primary care for patients to attend the UTC. RE noted GP coverage in the Newark area is not quite as strong as it is in the Mansfield area.

DS advised there are workstreams across the system looking at demand. There is a need for improved signposting to the community in terms of directing people to where the services they require are best provided and to ensure those services are available in a timely way. It is important to recognise many parts of the healthcare system are feeling significant stress and strain.

DA advised the UTC at Newark has recently been designated as an urgent treatment centre. This means there is a national specification and set of criteria in relation to the patients which should be seen there. There has been a recent change in the skillset of staff at Newark UTC to be cognisant of the change in complexity of patients. There is not the same strength of model with primary care at Newark as with PC24 and there are some drivers relating to the way things like NHS 111 work in terms of directing patients in the system. In terms of communication, the Trust has a weekly column in the Newark Advertiser and this has recently been used to raise the profile of what an urgent treatment centre is. In addition, the Trust has met with parish councils to help cascade information. While some progress is being made, there is always more which can be done in terms of signposting.

AH queried if the onboarding time for new staff could be shortened and, if so, how would this affect the demand profile predicted in the modelling.

	<p>RS advised the Trust has the ability to recruit at pace and there are colleagues who want to work in ED. The HR Team work collaboratively with the senior team in the department to ensure recruitment happens at pace. There is a flexible approach to the onboarding mechanism in relation to relevant checks to ensure they are done, but in a way which ensures individuals are in post as quickly as possible.</p> <p>PB advised he is confident nursing and health care support workers are available, some of whom the Trust was not able to appoint through recent interviews due to the number of vacancies. In addition, there are people working on a temporary, bank or agency basis who are prepared to move onto substantive contracts.</p> <p>PR advised when the case was presented to TMT and the Executive Team, a number of drafts were requested to ensure the current risks were described in a way which could be understood and, therefore, what the 'exit strategy' might be should the Trust be able to influence the work in the system and that work gives the reduction in demand which the system plans would suggest.</p> <p>The Board of Directors APPROVED the business case to increase substantive ED staffing.</p>		
<p>18/658</p>	<p>BOARD AGENDA REVIEW</p>		
<p>8 min</p>	<p>SH presented the report, advising one of the key duties of the Board of Directors is to develop, implement and monitor the strategy of the organisation and all strategies which underpin that strategy. To allow time for a focus on strategy development and implementation, it is proposed to move reporting of the SOF from monthly to quarterly.</p> <p>PR advised there will still be space on the agenda each month to discuss operational performance, should this be necessary. This will be through the Chief Executive's report. Moving to a quarterly SOF allows for greater analysis of trends on the actions which are being taken. In terms of moving the agenda to a more strategic focus, this approach will allow the long term view to be developed and discussed. There will be the opportunity for further discussion on the process and how this will be moved forward at the January meeting of the Board of Directors.</p> <p>BB advised she welcomed the proposal and felt it would be useful to review the arrangements in 12 months' time.</p> <p>MG felt it would be useful to see the relevant system level strategy when the Trust's strategies are discussed and have a discussion on what will be done differently.</p> <p>SB queried if there is some way of bringing other services in to enable scrutiny on a regular basis, potentially those which are fragile, noting the maternity reports which are received each month. SH advised there is a need to consider how reports feed up to the Board of Directors through the sub committees. For example, maternity services report to the Quality Committee and there is a fragile services report which comes to the Board of Directors.</p>		

	<p>PR noted there is a statutory requirement for the maternity services reports to be presented to the Board of Directors. However, consideration can be given to applying the same 'lens' in the appropriate place.</p> <p>The Board of Directors APPROVED the proposal to move reporting of the SOF to quarterly to allow time for a focus on strategy development and implementation.</p>		
18/659	ASSURANCE FROM SUB COMMITTEES		
13 mins	<p>Audit and Assurance Committee</p> <p>GW presented the report, highlighting internal audit work and counter fraud.</p> <p>PR advised internal audit is the Trust's tool to provide assurance on internal controls and governance. The Trust directs and agrees the work and if the Trust wants to change direction of the work, there is a need to ensure there is a process to do so.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Finance Committee</p> <p>ARB presented the report, highlighting scrutiny of three business cases.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Quality Committee</p> <p>BB presented the report, highlighting capacity of the Pharmacy Team, progress on CQC 'Must Dos', Hospital Standardised Mortality Ratio (HSMR), water safety and a review of the BAF risks.</p> <p>DS advised, in terms of water safety issues, following recent meetings he has received assurance regarding work which has taken place where there have been positive samples. Previously the Trust received information on the number of samples as opposed to specific locations. There is a move to different metrics which will provide this information. DS expressed thanks to Skanska for the actions they have put in place. A substantial, long term solution is being explored and water safety will continue to be an area of focus.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/660	OUTSTANDING SERVICE – PATHWAY TO EXCELLENCE		
6 mins	<p>A short video was played highlighting the Trust's Pathway to Excellence accreditation.</p>		

18/661	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"> • Pathway to Excellence accreditation • Research activity through Covid • Operational challenges and the financial impact of those • Approval of ED business case • CQC visit to maternity • Encourage uptake of flu and Covid vaccinations • Preparations for possible industrial action 		
18/662	ANY OTHER BUSINESS		
	No other business was raised.		
18/663	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 5th January 2023 in the Boardroom, King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:05.</p>		
18/664	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>		

18/665	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
12 mins	<p>CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>CW advised a question had been received via the Q&A function on the live broadcast in relation to Covid and the vaccination programme.</p> <p>DS acknowledged some members of the public have strongly held views on the safety of the Covid vaccination. However, as the Trust's Medical Director, with responsibility for the health, wellbeing and prevention of disease for the population the Trust serves, as well as colleagues within the organisation, DS expressed concern about this misinformation. It is recognised all drugs have 'good' and 'bad' sides and come with complications. However, there has never been a drug as extensively researched and quality reviewed as the Covid vaccination.</p> <p>The complications which are seen are listed, described and monitored by the Medicines and Healthcare products Regulatory Agency (MHRA). This information is publicly available. DS advised he reviews this information and the Trust receives any updates. There is an irrefutable body of evidence about the Covid vaccination and the positive impact it has had across the world. Recently there was an article in The Lancet which looked at the efficacy and safety of the new Covid bivalent vaccines which clearly demonstrates their safety record. This article is also publicly available.</p> <p>DS advised he has no concerns or worries about the Covid vaccination and strongly encouraged everyone to take up the offer of a vaccination. There is some data available from the national intensive care audit which shows the admission rate into intensive care due to Covid since the start of the pandemic. Since the introduction of the vaccine, there has been a huge reduction in the number of admissions.</p> <p>CW advised a question had been received via the Q&A function on the live broadcast in relation to the support provided to staff, further to the discussion on the availability of drinks and hot food, in relation to whether staff are supported to be sufficiently hydrated while at work.</p> <p>RS advised a key component of the Trust's wellbeing programme relates to colleagues having time to rest, refuel and rehydrate throughout the working day. A variety of different initiatives have been run over the past 12 months to reinforce this message, for example, there was a water bottle campaign when the entire workforce had the opportunity to receive a refillable water bottle. This has been reinforced by rehydration stations in clinical areas and a lot of work has been done with partners in relation to ensuring there is adequate provision across all three sites. In recent weeks the Trust has worked with partners who provide food and drink across all three sites and has secured a discounted rate for staff in food provision with effect from 1st December 2022 until the end of January 2023. This will ensure uptake, during what is a challenging period of time, which is affordable and accessible.</p>		

	<p>PB advised there is an ‘urban myth’ that staff cannot have a drink at nurses’ stations, on wards or in departments as it is an infection control risk. This is not the case and a lot of work has been done to spread this message. All staff are encouraged to have drinks and keep hydrated.</p> <p>Ian Holden (IH), Public Governor, referenced the discussion in relation to maternity services at East Kent, advising as a governor he was concerned the governor / Non-Executive Director (NED) relationship appeared to have failed for a number of years at East Kent. IH sought assurance a similar issue would not arise at SFHFT and queried if everything possible was being done to avoid the issue arising at the Trust and governors are able to fulfil their role of holding the NEDs to account.</p> <p>CW acknowledged there is always more which can be done. However, engagement with governors is a 2-way process and the Trust is keen to see more engagement from the governors, in the form of increased attendance at meetings, participation in 15 Steps, etc. Governors are encouraged to come back on site, not just for Meet Your Governor events but to participate in other discussions. CW advised governors have regular meetings with her and participate in sub committee meetings as observers. The Trust is open to further discussion regarding how governors can be assured NEDs are doing their jobs in holding the Executive Team to account. A key point is how NEDs can build relationships with new governors, who maybe have not had the opportunity to get to know NEDs face to face. There will be further governor elections in 2023 and members of the public are encouraged to get involved in that process.</p> <p>SH advised governors at SFHFT have the opportunity to observe meetings of the sub committees, noting feedback from the observers to the Full Council of Governors is important. If a situation similar to the one which arose at East Kent were to happen at SFHFT, this would be flagged in one of the sub committees. It would, therefore, be for the governor observer to provide feedback to the rest of the governors. The vehicle to inform the Council of Governors is through the governor observer role.</p>		
18/666	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>		