

**UN-CONFIRMED MINUTES** of the Board of Directors meeting held in Public at 09:00 on  
Thursday 7<sup>th</sup> March 2024, in the Boardroom, King's Mill Hospital

<b>Present:</b>	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andrew Rose-Britton	Non-Executive Director	ARB
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	David Selwyn	Medical Director	DS
	Richard Mills	Chief Financial Officer	RM
	Rob Simcox	Director of People	RS
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Claire Hinchley	Deputy Director of Strategy and Partnerships	CH
Phil Bolton	Chief Nurse	PB	
Rachel Eddie	Chief Operating Officer	RE	
<b>In Attendance:</b>	Paula Shore	Director of Midwifery	PS
	Navtej Sathi	Guardian of Safe Working	NS
	Vicki Leivers	Diabetes Specialist Nurse	VL
	Sue Bradshaw	Minutes	
	Deborah Dowsing	Producer for MS Teams Public Broadcast	
	Caroline Kirk	Communications Specialist	
<b>Observers:</b>	Mohammed Gorvi	Programme Support Officer	
	Tyler Stevens	Programme Support Officer	
	Adam Mudd	Graduate Business Intelligence Developer	
	Namanpreet Singh-Ghotra	Graduate Business Intelligence Developer	
	Ian Holden	Public Governor	
1 member of the public			
<b>Apologies:</b>	Neil McDonald	Non-Executive Director	NM

Item No.	Item	Action	Date
<b>24/068</b>	<b>WELCOME</b>		
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 the public were able to submit questions via the live Q&amp;A function.</p>		
<b>24/069</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
<b>24/070</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	Apologies were received from Neil McDonald, Non-Executive Director.		
<b>24/071</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 1 <sup>st</sup> February 2024, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>24/072</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that actions 23/255, 23/315.1, 23/315.2, 24/040 and 24/042.3 were complete and could be removed from the action tracker.		
<b>24/073</b>	<b>CHAIR'S REPORT</b>		
2 min	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting volunteers' events, donations received from the wider community and refurbishment of the hospital buggies.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Council of Governors highlight report</b></p> <p>CW presented the report, which provided details of the matters discussed at the Council of Governors meeting which took place on 13<sup>th</sup> February 2024.</p> <p>The Board of Directors were ASSURED by the report.</p>		

24/074	<b>CHIEF EXECUTIVE'S REPORT</b>		
4 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 high levels of demand for urgent care, strong performance despite the pressures, industrial action, visit from Nottinghamshire County Council colleagues, information event in relation to the Community Diagnostic Centre (CDC), Step Into the NHS event and resignation of David Ainsworth, Director of Strategy and Partnerships.</p> <p>PR advised the results of the National Staff Survey are due to be released while the meeting is in progress and brief highlights will be provided later in the meeting. PR noted the announcements made in the 2024 Spring Budget in relation to funding being made available to the NHS, advising the Trust looks forward to receiving the guidance on how this will be distributed.</p> <p>BB noted the reduction in the number of patients who are medically safe for discharge and queried if this is due to internal improvements which have been made and/or the extent to which external partnerships have started to make a difference.</p> <p>RE advised there are many different drivers behind the improvement, noting partners and the Trust are collaborating well and the Transfer of Care Hub is starting to make a difference. Capacity challenges across the system remain. There is improved system working, there are some areas where increased capacity has been put in place and internal processes have improved. There is, however, still work to do. The number of long length of stay patients is also reducing.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/075	<b>STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME</b>		
12 mins	<p>PS joined the meeting.</p> <p><b>Maternity Update</b></p> <p><b>Safety Champions update</b></p> <p>PB presented the report, highlighting the relaunch of the Aromatherapy Service, relaunch of the Maternity website, NHS Resolution (NHSR) submission, staff engagement, focus on neonatal unit and the Care Quality Commission (CQC) Maternity Survey.</p> <p>PS provided some highlights from the CQC Maternity Survey and highlighted the three areas of focus going forward. The findings from the survey are being triangulated with the safety culture work.</p> <p>SB noted the Quality Committee have agreed the CQC actions are rated as green. Given the areas of assurance come from different sources, if the CQC were to visit the Trust again, SB queried if all the different areas of assurance would 'add up' to the Trust being rated as Good by the CQC.</p>		

	<p>PS advised a regional heatmap has been developed, which takes into account internal and external markers and the data is validated by external teams. This gives each trust a score and currently SFHFT is the second best trust in the West and East Midlands region. The heatmap provides ongoing validation of data. The information comes from multiple sources, which provides rich data in real time. If an area of concern starts to flag, this can be picked up and actioned before any external inspection visits.</p> <p>PB advised receiving assurance from lots of different areas, which are not directly connected, provides more assurance than a single data source.</p> <p>BB noted the findings from the CQC Maternity Survey are being triangulated with other intelligence and felt it would be useful to draw this information together in future reports as it helps to provide assurance the right intelligence is feeding in and shaping decisions.</p> <p>AH queried how the Trust is performing against the British Association of Perinatal Medicine (BAPM) standards for neonatal care. PS advised the Trust is in line with BAPM standards. The only area in which the Trust is an outlier relates to the staffing model, but there are mitigations for this. Due to the size of the Trust's units, the issue relates to the nursing and medical workforce, particularly the middle tier rota for registrars and nurses qualified in a speciality. The Trust has a development plan, which has been signed off by the network. The Trust has to feed into the regional neonatal network to demonstrate progress. Through the division, consideration is being given to reframing the service so it is a perinatal service and not maternity and neonatal. This will lead to more joined up and aligned work with a unified workforce. The work undertaken with the safety champions has been the starting point and there is a need to drive it forward. The BAPM standards are a big part of that.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Maternity Perinatal Quality Surveillance</b></p> <p>PB presented the report, highlighting reduction in massive obstetric haemorrhage, positive recruitment and retention position, home births service, one suspension of service and annual neonatal peer review.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting.</p>		
<p>24/076</p>	<p><b>STRATEGIC OBJECTIVE 3 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE</b></p>		
<p>20 mins</p>	<p>NS joined the meeting.</p> <p><b>Guardian of Safe Working</b></p> <p>DS presented the report, highlighting the number of post-graduate doctors in training, vacant posts, mitigations to manage gaps, update regarding the Doctors' Mess, industrial action and remedial actions taken in Acute Medicine.</p>		

DS advised there were 56 exception reports in the period from 1<sup>st</sup> November 2023 to 31<sup>st</sup> January 2024, three of which were categorised as immediate safety concerns. Further information on the exception reports raised is included in the report. There has been a deterioration in the performance metrics and there is a plan to improve this. There is a cluster of exception reports in one speciality in one division, which is largely due to one doctor. It was noted wellbeing support is being put in place. All of the immediate safety concerns have been closed and there have been no fines in this reporting period.

GW noted in 2023 there was a peak in F1 doctors raising concerns and in 2024 it appears to be the F2 doctors who have raised the most concerns. GW queried if this was a coincidence or if it was due to F1 doctors moving into F2.

DS advised the F2 doctors currently with the Trust are not necessarily the F1 doctors who were with the Trust last year. Historically, exception reports have been raised by foundation programme doctors, with fewer reports from more senior trainees. Therefore, the Trust has targeted more experienced teams to try to gain further understanding and encourage exception reporting.

AR sought assurance the Guardian of Safe Working has sufficient capacity to cover the large agenda in terms of programmed activity (PA). DS advised there is a national tariff in relation to the Guardian of Safe Working. As the Trust increases the number of trainee doctors and clinical fellows, there will be a need to review all the resource relating to medical HR. In addition to the Guardian of Safe Working, there are other roles which support this work, for example, Specialty and Specialist (SAS) doctors, tutors, etc.

NS advised time allocated is one PA per week and this time is used flexibly. Tasks include, looking at the dashboard, reports from wards, identifying and resolving matters, attending meetings to ensure people are aware of the exception reporting process, etc. NS advised his role primarily is to ensure reports are completed, encourage people to report, ensure reports are dealt with in a timely manner and address any issues to find solutions. NS advised one area to look into is the facilities available to doctors on the wards.

MG noted 68% of all exception reports have either had an initial meeting beyond 7 days or have not had an initial meeting. MG queried what percentage of reports raised have not had an initial meeting. DS advised all of the exception reports have been closed and they cannot be closed without some form of meeting. Therefore, meetings will have taken place.

BB queried the extent to which there is liaison between the Guardian of Safe Working agenda and Freedom to Speak Up (FTSU). NS advised he has not met with the FTSU Guardian since taking up post, but will be arranging a meeting to discuss any issues. NS advised he meets with trainees individually if issues are coming up on a regular basis.

DS advised medical issues are flagged up through FTSU. However, issues raised through FTSU relate more to culture and behaviours, rather than rotas and safe working, etc.

	<p>The Board of Directors were ASSURED by the report.</p> <p>NS left the meeting.</p>		
<b>24/077</b>	<b>PATIENT STORY – DIABETES – A YOUNG ADULT SERVICE</b>		
11 mins	<p>VL joined the meeting.</p> <p>VL presented the Patient Story, which highlighted the work of the Young Adult Service for Diabetes.</p> <p>AH noted it is recognised diabetics in their late 20s / early 30s have a different requirement in terms of support and queried what the handoff is from the Young Adult Service to that age group.</p> <p>VL acknowledged there is still a lot of work to be done, but the vision is for a full, smooth transition from the Young Adult Service. VL advised she also works in paediatrics and, therefore, tries to smooth the transition for patients to the Young Adult Service. There is an holistic approach to care. VL advised her role is to empower patients to live independently with diabetes at that fragile time in their lives so they have the 'tools' required when they reach the age of 25. Some patients with additional needs are retained in the Young Adult Service as they are not ready to move into the adult world.</p> <p>AH queried what has been seen regarding health inequalities, in terms of uptake for the service and getting access across the spectrum. VL advised she has presented to NHS England (NHSE) and the Integrated Care Board (ICB) Steering Group. In addition, communications are issued to all primary care services. The Trust has managed to 'pull' young adults with diabetes into the service. The Trust has had contact from other trusts asking to share learning in terms of how to improve engagement. A poster has been developed which will be submitted to other platforms, national conferences, etc.</p> <p>PB advised there has been an increase in complex cases relating to diabetes within maternity. Therefore, getting patients involved at an early stage will help address this.</p> <p>MG queried how the service works with GPs in terms of an holistic approach.</p> <p>VL advised she sent out information to all the local GP practices to highlight the service and presenting directly to the ICB Steering Group has been beneficial. Some patients have transferred their care from other local sites to the Trust.</p> <p>VL left the meeting</p>		

24/078	<b>TRUST STRATEGY FOR 2024-2029</b>		
11 mins	<p>PR advised the Trust Strategy for 2024-2029 commits to improving the lives of patients by providing outstanding care, improving the lives of colleagues by supporting them to be the best they can be and improving the lives of people in the community by improving the health and wellbeing of the local population. PR advised, in developing the Strategy, there has been widespread engagement with Trust members, volunteers, governors, colleagues and the local population. The Strategy is underpinned by six strategic objectives, five supporting strategies and the Trust's CARE values.</p> <p>CH advised the key aim of the Strategy for the next five years is to improve lives and SFHFT wants to be known as the best local hospital, which consistently delivers outstanding services for patients and improves lives. Celebrating success is a good baseline to build on to continue to deliver outstanding care and CH highlighted some recent examples of success.</p> <p>The vision for the Strategy is Outstanding Care, Compassionate People and Healthier Communities. CH highlighted the six strategic objectives and supporting strategies, advising there are technical strategies which sit under the supporting strategies. CH highlighted the engagement activities which have taken place in developing the Strategy, feedback received, commitments and measures of success.</p> <p>BB expressed thanks to the team involved in developing the Strategy, noting how the Strategy has improved and matured during the development process.</p> <p>CW noted it was good to see partners being brought together as this is an indication of how the Trust wants to work with partners to develop deeper partnership working.</p> <p>GW felt the process of developing the Strategy was very thorough, which is reflected in the quality of the output.</p> <p>MG noted there is increased focus on prevention and collaboration.</p> <p>The Board of Directors APPROVED the Trust Strategy for 2024-2029.</p>		
24/079	<b>USE OF THE TRUST SEAL</b>		
1 min	<p>SBS presented the report which confirms the Trust Official Seal has been affixed to the following documents, in accordance with Standing Order 10 and the Scheme of Delegation:</p> <ul style="list-style-type: none"> <li>• Seal number 109 was affixed to a document on 26<sup>th</sup> January 2024 for Kier Construction Ltd. The document related to the demolition of the old Victorian building and associated service divisions located at Mansfield Community Hospital.</li> <li>• Seal number 110 was affixed to a document on 7<sup>th</sup> February 2024 for Bizspace Ltd. The document related to the five-year lease for Byron Court.</li> </ul>		

	<ul style="list-style-type: none"> <li>Seal number 111 was affixed to a document on 23<sup>rd</sup> February 2024 for Bevan Brittan. The document related to the appointment of WSP UK Ltd in relation to the provision of asset surveying and scheduling of programmed maintenance works.</li> <li>Seal number 112 was affixed to a document on 23<sup>rd</sup> February 2024 for Bevan Brittan. The document related to the Survey Deed in relation to the project agreement.</li> <li>Seal number 113 was affixed to a document on 23<sup>rd</sup> February 2024 for Bevan Brittan. The document related to the Letter of Appointment of a fire safety engineer relating to fire safety requirements.</li> <li>Seal number 114 was affixed to a document on 28<sup>th</sup> February 2024 for Bevan Brittan. The document related the enabling works licence relating to land at Mansfield Community Hospital.</li> </ul> <p>The Board of Directors NOTED the use of the Trust Seal numbers 109, 110, 111, 112, 113 and 114.</p>		
<p><b>24/080</b></p>	<p><b>EXTERNAL WELL-LED REVIEW RECOMMENDATIONS PROGRESS REPORT</b></p>		
<p>3 mins</p>	<p>SBS presented the report, advising details of the progress made is included in the report. While most recommendations are complete and embedded, there are two areas where there is ongoing work to do. The recommendation is to close this report, noting the introduction of the Care Quality Commission (CQC) updated assessment framework. A follow up independent report will be commissioned to assess the Trust's state of preparedness against the new framework.</p> <p>MG noted the CQC's move towards a single assessment process and queried how the Trust is aligning with the ICB approach to self-assessment. SBS advised there have been no contextual discussions with the ICB. This has been a process which the Trust commissioned independently of the ICB.</p> <p>PR advised there have been some discussions in the context of early preparations for system-wide CQC reviews, but there have been no specific conversations relating to the Well-Led domain. The Trust will commission an independent review of the Trust's preparations. There will be a prompt for wider discussion within the system for that review to be included in broader preparations for system reviews.</p> <p>ARB queried if the areas which are ongoing will be completed before the next review, or form part of the next review. SBS advised if the work is not completed, it will be carried forward into the next review.</p> <p>The Board of Directors were ASSURED by the report.</p>		



24/081	<b>ASSURANCE FROM SUB-COMMITTEES</b>		
23 mins	<p><b>Finance Committee</b></p> <p>GW presented the report, highlighting ED attendance deep dive, Month 10 finance report, risk that the CDC funding of £5.5M for 2023/2024 may not be received, approvals made, agency expenditure and ongoing work to develop the Financial Strategy.</p> <p>CW queried when the Trust will be informed if the CDC funding for 2023/2024 will be received and what the consequences are in terms of the Trust's ability to deliver the additional services it has committed to in advance of the building work being completed.</p> <p>RM advised the risk does not relate to the forward build or the additional activity which is being put into the Mansfield CDC. The risk relates to capacity which was put in place in 2021/2022 or 2022/2023, which was early adopter funding. This was provided to the Trust to put in mobile endoscopy and mobile CT capacity to bridge the gap until the CDC opened. The Trust has continued to maintain the capacity, with the expectation the CDC would come on-line in a phased approach over the next 12-18 months. The Trust was advised to plan for this funding stream, but has not yet had confirmation the £5.5m will be received. There will be no impact on the future CDC, although there are financial risks in relation to that. A programme governance structure is in place to manage that and ensure the Trust is able to progress with the plans.</p> <p>CW noted there will be a transfer of services until the CDC building is complete, but there is a risk to those services if the Trust is not funded up to the point of a physical building. GW noted the Trust has provided services but there is a risk of the Trust not being funded for those.</p> <p>MG welcomed the positive assurance in relation to the improvement in productivity, with cost growth below the regional and national average for acute providers and requested a copy of the report. RM advised he would provide the report and a brief overview.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Copy of NHSE report, outlining the growth in productivity, to be shared with members of the Board of Directors.</b></li> </ul> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Quality Committee</b></p> <p>AR presented the report, highlighting internal audit report into the governance of statutory regulatory committees, challenged services, process for sending patient letters, positive assurance from the highlight reports provided for the Patient Safety Committee, Maternity Assurance Committee and the Nursing Midwifery and Allied Health Professional (AHP) Committee, review of Board Assurance Framework (BAF) Principal Risks and appointment of Manjeet Gill as Vice-Chair of the Committee.</p> <p>The Board of Directors were ASSURED by the report.</p>	RM	04/04/24

	<p><b>Partnerships and Communities Committee</b></p> <p>BB presented the report, highlighting the pause of the health inequalities funding stream through the ICB, time commitment required for relevant clinicians to be active in collaborative endeavours, the need to develop the whole organisation's understanding of local health needs and implications for services, Partnership Delivery Plan, workstream relating to joining the NHS workforce, review of Board Assurance Framework (BAF) Principal Risk and appointment of Manjeet Gill as Vice-Chair of the Committee.</p> <p>CW noted the concerns raised by the Committee in relation to the health inequalities funding stream and suggested a letter should be sent from the Board of Directors to the ICB expressing the Trust's concern in relation to the decision to pause this funding and to seek further discussion. PR advised he had recently met with the ICB Chair and Chief Executive in relation to another matter, but took the opportunity to raise this issue. PR agreed a follow up letter should be sent.</p> <p>CW advised, in terms of health inequalities and getting colleagues within the Trust to understand the wider implications, there is good practice happening within the Trust which needs to be acknowledged. For example, staff in the maternity and neonatal team often provide (via staff donations) a range of equipment to families being discharged who may not have everything they require and are not in a position to obtain items. This is not done on a statutory basis, but it is something staff do as they want to provide holistic care.</p> <p>MG felt the Trust should seek assurance from the ICB in terms of the weighting which will be given to the health inequality agenda in the current financial planning process, noting health inequalities is a key part of the ICB's responsibilities. PR advised there is a commitment within the Integrated Care Strategy to address health inequalities. The ICB's attention can be drawn to this in the letter sent by the Trust.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Letter to be sent on behalf of the Board of Directors to the ICB, expressing the Trust's concern in relation to the decision to pause health inequalities funding and to seek further discussion in relation to this.</b></li> </ul> <p>The Board of Directors were ASSURED by the report.</p>	PR	04/04/24
24/082	<b>OUTSTANDING SERVICE – MEALTIME VOLUNTEERS – SUPPORTING NUTRITION AND HYDRATION ACROSS THE TRUST</b>		
7 mins	A short video was played highlighting the work of the volunteers in supporting patients at mealtimes across the Trust.		

<b>24/083</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
1 min	<p>The Board of Directors AGREED the following items would be disseminated to the wider organisation:</p> <ul style="list-style-type: none"> <li>• Approval and launch of the Trust Strategy for 2024-2029</li> <li>• Patient story relating to the Young Adult Diabetes Service</li> <li>• Mealtime Volunteers</li> <li>• Step Into the NHS event on 7<sup>th</sup> March 2024</li> <li>• Staff Survey</li> </ul>		
<b>24/084</b>	<b>ANY OTHER BUSINESS</b>		
5 mins	<p><b>Staff Survey Results</b></p> <p>RS advised the embargo on the Staff Survey results was lifted while the meeting was in progress and provided some highlights from the results.</p> <p>RS advised the Trust had a 62% response rate, which is 16% above the national average. Of the 100 questions asked as part of the survey, the Trust's score in 80 of those has improved, 17 have deteriorated and 3 have remained the same. In terms of how this benchmarks with other organisations, SFHFT's score in 94 of the 100 questions was above average. In terms of the People Promise elements and themes, there are seven elements, one of which is learning and development. RS advised SFHFT is the best Trust in the Midlands and second nationally for this indicator. There are two themes, relating to morale and staff engagement, and SFHFT is the best acute trust nationally for those two indicators.</p> <p>This has been a very successful Staff Survey for the Trust, but there is always more work to do. The results and actions will be discussed further at the meeting of the People Committee at the end of March.</p> <p>The Board of Directors NOTED the update.</p>		
<b>24/085</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 4<sup>th</sup> April 2024 in the Boardroom at King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 10:45.</p>		
<b>24/086</b>	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p><b>Chair</b> <span style="float: right;"><b>Date</b></span></p>		

24/087	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
1 min	<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 in relation to staff reporting a fear of violence. RS advised there has been some slight improvement. While this is not significant, the indications are the Trust has made some positive steps forward.</p>		
24/088	<b>BOARD OF DIRECTOR'S RESOLUTION</b>		
1 min	<p><b>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting.</b></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>		