

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 4th January 2024 via video conference

Present:	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
	Aly Rashid	Non-Executive Director	AR
	Barbara Brady	Non-Executive Director	BB
	Neil McDonald	Non-Executive Director	NM
	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
David Ainsworth	Director of Strategy and Partnerships	DA	
Phil Bolton	Chief Nurse	PB	
In Attendance:	Chris Dann	Deputy Chief Operating Officer	CD
	Paula Shore	Director of Midwifery	PS
	Katie Summers	Specialist Physiotherapist	KS
	Vanessa Greenwood	Specialist Physiotherapist	VG
	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
Observers:	Liz Barrett	Public Governor	
	Rich Brown	Head of Communications	
	Laura Keeling	Communications Officer	
	Faye Eastwood	NHS England	
	Anna Whittaker	Notts TV	
	1 member of the public		
Apologies:	Rachel Eddie	Chief Operating Officer	RE

The meeting was held via video conference. All participants confirmed they were able to hear each other and were present throughout the meeting, except where indicated.

Item No.	Item	Action	Date
24/001	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, via video conferencing and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&A function. All participants confirmed they were able to hear each other.</p>		
24/002	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
24/003	APOLOGIES FOR ABSENCE		
1 min	<p>Apologies were received from Rachel Eddie, Chief Operating Officer.</p> <p>It was noted Chris Dann, Deputy Chief Operating Officer, was attending the meeting in place of Rachel Eddie.</p>		
24/004	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 7 th December 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
24/005	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 23/357 and 23/392 were complete and could be removed from the action tracker.		
24/006	CHAIR'S REPORT		
2 min	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting the work of the Trust's volunteers during 2023 and donations received from members of the public and community groups.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/007	CHIEF EXECUTIVE'S REPORT		
13 mins	PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, expressing thanks to colleagues for their work over the busy Christmas period and to members of the local community for their support and generosity.		

PR highlighted operational pressures, the impact of industrial action and closure of the Vaccination Hub at King's Mill Hospital. PR advised a system-wide critical incident was called on 3rd January 2024, following an internal critical incident being called at Nottingham University Hospitals (NUH), which resulted in ambulances being diverted to SFHFT to assist the situation.

BB noted the Trust has been awarded the NHS Pastoral Care Quality Award for the high-quality pastoral care provided to internationally educated nurses and midwives and queried if the same level of support and care is provided to other health care professionals who join the Trust from overseas. PR confirmed the wraparound support is in place for all international colleagues.

RS advised the award is in recognition of the support provided to colleagues from overseas with a nursing background. This work provides the blueprint to adopt and take forward in other areas. There is a need to recognise how important it is for all colleagues to feel supported and there are generic offers in place which are available to everyone. This is reinforced by the Trust's levels of retention and low levels of turnover. However, there is always more work to do in terms of retention.

MG sought assurance in relation to current staff morale and queried what positive actions are being undertaken. RS advised it is recognised Winter is a busy time for the Trust and, therefore, annual Winter wellness approaches are prepared and these are available for all colleagues to access. In addition, during periods of industrial action, there are designated wellbeing areas in place across the organisation, where people can decompress, get a warm drink, etc. The importance of visibility of the Executive Team and the importance of a 'thank-you' is recognised and this has created conversations identifying where tailored support can be offered to specific areas. It is acknowledged colleagues are struggling from a fatigue perspective.

PB acknowledged the pressure is relentless. Staff feedback is that they appreciate the visibility of the senior leadership team, the agile responsiveness to their needs and knowing people listen to them and respond to practical issues which might make the pressures easier to manage.

MG noted the opening hours of the Urgent Treatment Centre (UTC) at Newark Hospital are subject to a review and the options are being considered by the Integrated Care Board (ICB). MG queried what the timeline is for a decision to be made. PR advised discussions are taking place within the ICB, which will be presented to an ICB Board meeting in January 2024. PR advised he would update the Board of Directors once that meeting has taken place.

MG felt, in light of the pressures faced by the organisation, it would be beneficial for assurance to be provided to a future Board of Directors meeting in relation to understanding any harm and the mitigations which are in place.

	<p>DS advised a report will be presented to the Quality Committee in relation to the impact of industrial action, which will provide this information. In addition, a report will be prepared for the Quality Committee in relation to the activity levels over the Christmas and New Year period.</p> <p>Action</p> <ul style="list-style-type: none"> • Report to be presented to the Quality Committee in relation to the impact of industrial action and to provide information in relation to the activity levels seen over the Christmas and New Year period. <p>The Board of Directors were ASSURED by the report.</p>	<p>DS</p>	<p>01/02/24</p>
<p>24/008</p>	<p>STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME</p>		
<p>12 mins</p>	<p>PS joined the meeting.</p> <p>Maternity Update</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting feedback from the maternity survey and antenatal education programme, increase in activity levels, improvement and quality initiatives, re-launch of maternity forums, Safety Champion walkarounds and Ockenden insight visit.</p> <p>PS noted the higher levels of activity and advised the teams have felt well supported.</p> <p>AH noted the Trust has a very strong maternity voices partnership and acknowledged the feedback this provides. AH queried if this feedback has highlighted any areas for improvement. PS advised there has been a focus on induction of labour as this has been a key area of challenge when complaints are triangulated with maternity voices feedback. A midwife now leads on this service and has looked at revising processes, with the next step being outpatient induction of labour. There is an emerging theme in relation to pain relief and this will be an area of focus going into 2024.</p> <p>BB noted the positive feedback received in relation to the reintroduction of face-to-face antenatal education and queried if women and their birthing partners have the opportunity to visit the site. PS advised currently there is a virtual tour of the unit and the plan for 2024 is to reintroduce onsite visits. Online education is still available if this is requested. The option of having antenatal education in other languages is currently being explored. Antenatal education is alternated between King’s Mill Hospital and Newark Hospital.</p> <p>The Board of Directors were ASSURED by the report.</p>		

<p>5 mins</p>	<p>Maternity Perinatal Quality Surveillance</p> <p>PB presented the report, highlighting obstetric haemorrhage and recruitment to two vacant obstetric posts for Foetal and Maternal Medicine. PB advised there was one suspension of service in November 2023.</p> <p>NM noted almost 40% of births are by caesarean section and queried if there was link to the overall rate of third and fourth degree tears and what training is in place which may reduce the rate. PS advised the Trust's caesarean section rate has increased, in line with national increases. This increase has been noted since a change in national guidance in relation to choice. A report will be presented to the Quality Committee in February 2024, which outlines the rise in obstetric haemorrhage is attributed to the increase in caesarean births. The Trust has a package of training in place in relation to the measurement of blood loss, etc. Third and fourth degree tears are monitored and it is acknowledged the Trust is slightly above the national average. However, the number of cases is low and each case is reviewed, noting no themes or trends have been identified. Midwives receive training in relation to the OASI (obstetric anal sphincter injury) care bundle. Cases of tears are not attributed to lack of training or to an individual. The Trust has improved the diagnosis and management of third and fourth degree tears, thus ensuring women receive the correct ongoing perinatal care.</p> <p>DS sought clarification if third degree tears are preventable. PS advised there are measures which can be taken in terms of identifying cases where it is anticipated a tear will occur. However, there are cases which are not predictable. There are generally no commonalities with these cases. DS noted it is key to recognise when a tear has occurred and to take the appropriate action.</p> <p>DS advised he recently met with one of the Trust's technology partners and there is the possibility of an app which will help in obtaining a better indication of the amount of obstetric haemorrhage. This is being investigated further.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>NHS Resolution (NHSR) Maternity Incentive Scheme Year 5 Safety actions sign off</p> <p>PB presented the report, advising this is an annual submission. PB confirmed the submission has been through internal governance processes and has also been externally validated.</p> <p>PS advised four of the ten safety actions have been externally validated.</p> <p>MG queried if the ten safety actions align with the Care Quality Commission (CQC) key lines of enquiry and, therefore, does this submission assist with the Requires Improvement element for CQC.</p>		
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	<p>PS advised the Requires Improvement element of the latest CQC inspection of maternity services relates to mandatory training. Safety Action 8 is part of that, but this was compliant when the CQC visited. The elements which were looked at by the CQC related to the Trust's mandatory training.</p> <p>NM queried if the CQC inspection was to be carried out today, what effect would this excellent report have on the CQC inspection. PS confirmed when the CQC visited, the issue related to the Trust's mandatory training. The obstetric mandatory training has always been above the 90% threshold which is required for the Maternity Incentive Scheme. It will support the 'safe' element of a CQC inspection. However, the Trust's mandatory training is also currently above the 90% threshold.</p> <p>The Board of Directors APPROVED the NHSR Maternity Incentive Scheme Year 5 Safety Actions for submission.</p> <p>PS left the meeting.</p>		
<p>24/009</p>	<p>STRATEGIC OBJECTIVE 3 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE</p>		
<p>12 mins</p>	<p>Guardian of Safe Working</p> <p>It was noted the report was presented to the December Board of Directors meeting, but due to technical difficulties, it was not possible to ask any questions of DS on the paper. Therefore, discussion relating to the report had been deferred to this meeting.</p> <p>DS provided a brief recap of the report, highlighting medical staffing, exception reports, industrial action and a fine levied by the Guardian of Safe Working.</p> <p>AR queried how the money from the fine is utilised. DS advised the amount of the fine levied is subject to a complex formula. Once the figure is established, the money is not paid to one specific person, but is for the goodwill of the junior doctors. Therefore, the junior doctors are asked what they would like the money from the fine to be spent on. They are currently considering the options.</p> <p>AH noted the Maternity Perinatal Quality Surveillance Scorecard indicates the number of incidents resulting in low and no harm has increased. In addition, it was noted the Women and Children's Division has had the most exception reports over the last quarter. AH queried if these two factors are an indication of an issue the Trust needs to be aware of.</p> <p>DS advised a number of months ago there were some training concerns raised by obstetric trainees, which related to increased activity. As a result, a rapid listening event was held as there were concerns the increase in obstetric workload was impacting on training. This led to some immediate changes being made, for example, strengthening the rota. While there was some improvement, there is still more work to do.</p>		

	<p>It was noted the exception reports are from paediatrics rather than obstetrics and this relates to demand on paediatric services. The Trust has recently been successful in a bid for neonatal Level 2 beds and this will help address the issue.</p> <p>ARB queried how the missed training opportunities during periods of industrial action will be caught up. DS advised NHS England (Education) has not provided any information in relation to this. Noting there have been 30 days of industrial action by junior doctors in the past ten months, it will have a significant impact on training, in addition to the impact on the consultant workforce.</p> <p>CW felt it would be useful for an update to be provided to the Board of Directors at some point in the future in terms of where the gaps will be for junior doctors. DS advised there is currently no national stance. However, any updates will be provided via the People Committee.</p> <p>SB noted there was considerable disruption to Foundation Years 1 and 2 during the Covid pandemic and felt this adds to a wider issue of capability in terms of confidence, as well as competence, going forward. DS advised the impact of industrial action also extends to current medical students as they have had a year of disruption to their training.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>24/010</p>	<p>PATIENT STORY – THE COMMUNITY STROKE SERVICE: THERAPY TAILORED FOR YOU IN YOUR HOME</p>		
<p>11 mins</p>	<p>KS and VG joined the meeting.</p> <p>KS and VG presented the Patient Story, which highlighted the work of the Community Stroke Service.</p> <p>CW felt this is an excellent example of taking the services available in the hospital out into the community, noting the service is of great value to those who need it.</p> <p>NM noted the team hope to transition to a full stroke team in the future and queried what would be required to achieve this. KS advised it is recognised there are gaps in the local area for stroke services and, therefore, the Team were pleased to receive funding to become a partially integrated stroke service. To become a full service would require further recruitment, which would require more funding. The Trust is nearing the end of recruitment for the partial phase and this is going well, noting there are a lot of training needs currently. The Team would like to be able to open the service to all patients who have rehabilitation needs.</p> <p>AH queried what are the issues in relation to equity of access to services for stroke patients after hospital across Nottinghamshire and what is the Trust doing for those populations in more deprived communities to ensure there is equity of access for them. KS advised a development the Team wish to undertake is to roll out the exercise group more widely, particularly into Newark. The Team wish to be fair and equitable to all patients.</p>		

	<p>PB expressed thanks to KS, VG and the Team for their work.</p> <p>GW suggested the video should be circulated widely, particularly to GP surgeries.</p> <p>KS and VG left the meeting</p>		
24/011	ASSURANCE FROM SUB-COMMITTEES		
2 mins	<p>Finance Committee</p> <p>GW presented the report, highlighting the Trust's financial position at the end of Month 8, H2 Financial resubmission, Financial Recovery Cabinet, cash position, PFI Settlement, approval of Phoenix Team (Tobacco Dependence Treatment Service) business case and approval of business case for Clinical Research facility.</p> <p>The Board of Directors were ASSURED by the reports.</p>		
24/012	OUTSTANDING SERVICE – THE LIME GREEN FEEDING TEAM		
6 mins	A short video was played highlighting the work of the Lime Green Feeding Team.		
24/013	COMMUNICATIONS TO WIDER ORGANISATION		
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"> • Thanks to colleagues given the current pressures on services. • Thanks to members of the community for their generosity over the Christmas and New Year period. • Work of the Community Stroke Services Team. • Work of the Lime Green Feeding Team. 		
24/014	ANY OTHER BUSINESS		
	No other business was raised.		
24/015	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 1st February 2024 in the Boardroom at Newark Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 10:20.</p>		

24/016	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>		

24/017	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
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>No questions were raised from members of the public.</p>		
24/018	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>		