

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 5th October 2023 in the Boardroom, King's Mill Hospital

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
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Phil Bolton	Chief Nurse	PB
	Rob Simcox	Director of People	RS
	David Selwyn	Medical Director	DS
	Rachel Eddie	Chief Operating Officer	RE
	Richard Mills	Chief Financial Officer	RM
Sally Brook Shanahan	Director of Corporate Affairs	SBS	
David Ainsworth	Director of Strategy and Partnerships	DA	
In Attendance:	Paula Shore	Director of Midwifery	PS
	Alison Steel	Head of Research and Innovation	AS
	Jacqueline Read	Associate Director of People (Operations)	JR
	Amy Gouldstone	Health and Wellbeing Lead	AG
	Mark Bolton	Associate Director of Operational Performance	MB
	Charlotte Ainger	Associate Director of Operations – Planned Care	CA
	Kerry Bosworth	Freedom to Speak Up (FTSU) Guardian	KB
	Sue Bradshaw	Minutes	
Jessica Baxter	Producer for MS Teams Public Broadcast		
Observers:	Harry Carpenter	Health Informatics Trainee	
	Georgia Richardson	Health Informatics Trainee	
	Precious Idienumah	General Management Trainee	
	Ian Holden	Public Governor	
	Sue Holmes	Public Governor	
	Jane Hildreth	Communications Specialist	
	Claire Page	360 Assurance	
	Anna Whittaker	Notts TV	
	2 members of the public		
Apologies:	Barbara Brady	Non-Executive Director	BB

Item No.	Item	Action	Date
23/308	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>		
23/309	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
23/310	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Barbara Brady, Non-Executive Director.		
23/311	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 September 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
23/312	MATTERS ARISING/ACTION LOG		
1 min	<p>The Board of Directors AGREED that actions 23/173.4, 23/252.1, 23/252.2, 23/252.4, 23/252.5, 23/282.1, 23/282.2, 23/285 and 23/289 were complete and could be removed from the action tracker.</p> <p>Action 23/252.3 – RS advised this item had been deferred to the November meeting of People and Culture Committee.</p>		
23/313	CHAIR'S REPORT		
1 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.</p> <p>The Board of Directors were ASSURED by the report.</p>		

23/314	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 the Integrated Care Board (ICB) led engagement in relation to the opening hours of the Urgent Treatment Centre (UTC) at Newark Hospital, the forthcoming opening of additional theatre capacity at Newark Hospital, progress with the Community Diagnostics Centre (CDC) at Mansfield District Hospital, the flu and Covid vaccination programme, operational pressures and industrial action.</p> <p>DS advised, the continued industrial action comes at a cost to the Trust, teams, colleagues and, most importantly, patients. The national waiting list is approaching 8 million and the national cost of industrial action is over £1 billion. Currently no further periods of industrial action have been announced, but there are also no talks in progress. This is a national dispute between the British Medical Association (BMA) and the Government and there is an increase in rhetoric from both sides. SFHFT needs to try to balance the demands from both sides, with the responsibility to care for patients. It was noted the recent period of industrial action saw a greater consultant loss than previous periods (45% compared to 33%), but this was balanced with reduced junior doctor loss (65% compared to 78-86%). The national Medical Director, Acting Chief Operating Officer and Chief Nurse have written to the BMA raising concerns in relation to the impact of continued periods of Christmas Day service on waiting patients, patient flow and the emergency pathway.</p> <p>RE advised the pressure on teams is impacting on the Trust's ability to progress other priorities, noting the upcoming Winter period. The effect of ongoing industrial action is being felt by all teams within the Trust, including administration teams who are dealing with patients who have had appointments cancelled. RE expressed thanks to all Teams across the Trust.</p> <p>MG queried if NHS England (NHSE) had issued any guidance in relation to the impact of industrial action on harm and safety risks. DS advised there is an understanding there have been a significant number of cancellations, including some urgent (P2) and cancer cases. It is known, from previous work, cancellation of P2 patients is associated with patient harm. The Trust has actively sought information relating to harm, noting it is difficult to identify harm and it will take some time. DS advised every meeting relating to industrial action, starts with the question, "Are there any urgent patient safety concerns". Over all the periods of industrial action, there have been a total of two concerns raised, noting one was not an issue and the other was rapidly addressed, with the patient coming to no significant harm. DS advised the greater concern is for patients on the waiting list, noting harm will be identified retrospectively. It is important not to underestimate the impact cancelling surgery has on patients' lives.</p>		

	<p>MG queried if there was anything further the Trust needed to consider, together with partners, in terms of managing communications with the community. DS advised people will vent their frustration against the Trust, despite the industrial action being as a result of a national dispute. It is important not to underestimate the societal and reputational risk to the Trust. PR noted the work involved in planning for industrial action in order to minimise disruption.</p> <p>PR acknowledged the recent media coverage in relation to delays to patient letters at hospitals in Newcastle and Nottingham, advising the Trust is taking positive action to seek assurance in relation to the efficiency of processes which are in place across the organisation. A working group has been established which will report to the Quality Committee.</p> <p>PR advised October is Black History Month and Speak Up Month.</p> <p>SB noted the issue in relation to delays to patient letters and queried if the approach being taken by the Trust will provide the Board of Directors with an early view of any issues and risks. PR advised the intention is to undertake a review and increase scrutiny in the form of a dashboard, which will provide information in 'real time' and provide assurance to the Quality Committee.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>23/315</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 15 Steps walkaround of the Neonatal and Maternity Unit, first anniversary of the Home Births Service restarting, appointment of a registered nurse vaccinator within maternity, Ockenden insight visit, Lime Green Infant Feeding Team and actions being taken to address health inequalities within maternity.</p> <p>PS advised the Saving Babies Lives Care Bundle national upload has started. The Local Maternity and Neonatal System (LMNS) have undertaken an evidence review and they are happy with the Trust's submission. The Trust is compliant with Version 2 and is now working on Version 3.</p> <p>AH queried the timescale for the outcomes of the Score Survey to be known and queried what action is being taken to offer Covid vaccinations within maternity.</p>		

PS advised the registered nurse vaccinator has started and is able to administer flu vaccinations. Additional training is being provided to enable them to administer Covid vaccinations. These vaccinations will be provided in the clinic and all women will be offered vaccinations when they attend for their key scans. In terms of the Score Survey, the leads within the Surgery Division and Maternity are currently looking at the debriefing. The debriefing team in maternity will debrief in surgery and vice-versa. Once the debrief is complete, the findings will be brought together.

MG queried how many home births have taken place over the past year and if there has been any feedback from families about their experience. PS advised there have been 40 home births since the service restarted in September 2022. The matron who oversees the service is preparing a report for Quality Committee which will focus on what was different with those births, patient stories, etc. The Trust has received lots of positive feedback from the LMNS and there has been shared learning with Nottingham University Hospitals (NUH) who are about to restart their service.

MG sought clarification in relation to the Care Quality Commission (CQC) should do action noted in the report, "Leaders should continue to implement improvements to how they effectively communicate any changes in service provision with staff". PB advised feedback from the CQC visit was staff on wards and departments were not always sighted on the good work being undertaken and the improvements being made. Therefore, the Trust needs to consider how to improve the method of communication with teams. There are a number of things in place, for example, the Maternity Forum, walkarounds, newsletters, etc. It is important to have multiple methods in place as people respond to different things. There are innovative ways of communication in place and there has been a huge improvement over the last 12 months.

The Board of Directors were ASSURED by the report.

Maternity Perinatal Quality Surveillance

PB presented the report, highlighting third and fourth degree tears and the impact of industrial action on the elective caesarean section list. It was noted there were no still births in August 2023.

AR noted the method of measuring obstetric haemorrhage changed some time ago, but there are still a large number of haemorrhages. AR queried if there were any underlying issues in relation to this. PS advised there has been an increase in the number of caesarean sections, advising blood loss is higher with a caesarean section. It is important to look at the quality indicators which sit behind the haemorrhage, for example, length of stay, requirement for blood transfusion, percentage haemoglobin drop, etc. and there are no changes when these factors are considered. Difficulties remain in the accuracy of measuring blood loss. SFHFT is working with NUH in relation to the Rotem trial, which is looking at haemoglobin more rapidly as an indicative measure of the effect of the haemorrhage. If caesarean sections were removed from the data and different modes of birth were considered, the figures would be different. Reporting as a single figure is difficult as there is a need for the context.

19 mins	<p>AR queried if it was possible for comparative data from peer trusts, who use the same methodology for recording as SFHFT, to be included in future reports. PB advised this information is contained in the LMNS data which can be reported to the Board of Directors. It is important not just to look at the crude data, but consider if there was any patient harm, length of stay increase, admission to critical care, etc. This is the focus through thematic reviews. PB advised there will be increased information in relation to this in the report for Quality Committee. DS advised when this has been reviewed previously, aspects such as blood transfusion per patient were considered and there was no cause for concern.</p> <p>Action</p> <ul style="list-style-type: none"> • Comparative data in relation to obstetric haemorrhage to be included in future maternity update reports to the Board of Directors. • Further information on quality indicators linked to obstetric haemorrhage to be included in maternity reports to the Quality Committee. <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting.</p> <p>Learning from Deaths</p> <p>DS presented the report, highlighting Hospital Standardised Mortality Ratio (HSMR), Summary Hospital Level Mortality Indicator (SHMI), quality impact of deficiencies in patient care, identified areas for improvement, structured judgment reviews (SJR) and learning from Learning Disabilities Mortality Review (LeDeR) deaths. DS advised there are no concerning trends from the 100% independent review of deaths of patients in the Trust's care. DS advised the Quality Committee has undertaken a deep dive into HSMR.</p> <p>AR confirmed there had been an extensive discussion in relation to HSMR at the recent meeting of the Quality Committee, advising the Committee are assured the issues relating to HSMR are being discussed openly and multiple avenues are being explored. The Committee expressed concern in relation to the available resource for coding and noted this needs to be addressed. The Committee welcomed the fact the Trust is being opened to external scrutiny.</p> <p>SB queried if there was anything further which can be done to provide assurance in relation to HSMR, noting there may be some issues to which the Trust is currently unsighted. DS advised the assurance he takes is from the work undertaken so far, the Trust is convinced it is a data issue as opposed to a care issue as there are no issues with care highlighted by any of the triangulation work. Fixing the data is difficult. However, technology is improving and the Trust is transferring information relating to comorbidities onto the electronic platform. As the Trust moves through the electronic patient records process, coding aspects will be easier to identify. The Trust has good data in relation to what codes are missing, why they are missing and where they are</p>	<p>PB</p> <p>PB</p>	<p>02/11/23</p> <p>02/11/23</p>
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	<p>missing, which identifies the areas to target. The Trust used to be paid on the coding, i.e. if a certain degree of treatment was provided, payment would be made accordingly. However, with the move to block contracts, that element is not as clear and the Trust is doing more activity than it is being paid for.</p> <p>SB queried if there was an element of judgment in deciding which cases should be subject to an SJR. DS advised there are a series of case categories which definitely require an SJR. In addition, an SJR would be undertaken if there was a concern raised by family members, clinical teams or the independent scrutineer.</p> <p>SB queried if the Trust was losing income as a result of the block contract or suffering penalties. DS advised this is circa £1.1m. RM advised this is an indicative figure. The allocations, and the way in which the financial framework has worked over the last few years, has moved away from a payment by results tariff based service. In understanding costs and how they benchmark with other organisations, it is based on case mix. Anything elective related has reverted to a form of tariff.</p> <p>MG felt consideration should be given to how the information gathered through the work relating to HSMR could be used to look at prevention of health issues. DA advised the Trust, together with Nottinghamshire County Council, has been successful in attracting funding to look at the affects of alcohol on liver disease. DS advised the Trust is sharing HSMR data with the ICB.</p> <p>AH queried how mortality reviews and Medical Examiner reviews will link in with the new Patient Safety Incident Response Framework (PSIRF). DS advised a number of themes have been established which will be taken forward into the PSIRF programme. Reviews will be brought together into a single forum.</p> <p>DS advised an information session on HSMR will be arranged for members of the Board of Directors, who are not members of the Quality Committee, to increase understanding of HSMR.</p> <p>Action</p> <ul style="list-style-type: none"> • Information session on HSMR to be arranged for members of the Board of Directors, particularly those who are not members of the Quality Committee. <p>The Board of Directors were ASSURED by the report.</p>	<p>DS</p>	<p>TBC</p>
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23/316	STRATEGIC OBJECTIVE 2 – IMPROVE HEALTH AND WELLBEING WITHIN OUR COMMUNITIES		
3 mins	<p>Flu Vaccination Plan</p> <p>RS presented the report, highlighting flu vaccination uptake in 2022/2023, target for 2023/2024, delivery approach for 2023/2024 and the communication plan. RS advised 1,800 vaccinations have been administered to 5th October 2023 since the programme commenced on 20th September 2023. Vaccine uptake will be tracked through the Integrated Performance Report (IPR) on a quarterly basis, with updates being provided to the People and Culture Committee.</p> <p>The Board of Directors were ASSURED by the report.</p>		
23/317	STRATEGIC OBJECTIVE 3 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE		
14 mins	<p>Workforce Race Equality Standard Report (WRES) and Workforce Disability Equality Standard Report (WDES)</p> <p>RS presented the reports, highlighting growth of Black and Minority Ethnic (BME) representation within the workforce, growth in disability declaration rates on the electronic staff records system (ESR), progress made in terms of challenging behaviours towards BME and disabled colleagues and improvements in BME and disabled colleagues feeling they can progress their career with the Trust. RS advised SFHFT is in the top 10% of trusts nationally for providing equitable recruitment processes. However, it is acknowledged there is further work to do, particularly in relation to racial abuse experienced by colleagues, embedding anti-racism at the Trust and reducing presenteeism from disabled colleagues.</p> <p>AR felt there is a need to be clear what is meant by ‘Board representation’, noting only two members of the Board of Directors are from a BME background. AR noted it is nationally recognised it is difficult for people from ethnic minorities to get above Band 8c level in the NHS. This needs to be noted and to ask the question as to why that is the case. AR noted there are a number of doctors in consultant positions within the Trust who are from a BME background, but felt their career progress beyond consultant level is unclear. AR felt there are some areas to concentrate on. RS acknowledged the points raised, which will be a continued focus for the People and Culture Committee.</p> <p>DS advised the Trust has a mature programme in terms of Clinical Fellows, which actively seeks to bring international graduates to the Trust and helps them develop in the NHS. There is a mature and structured process to support them through Certificate of Eligibility for Specialist Registration (CESR) accreditation, noting some of these doctors progress onto a conventional training programme. There are a number of doctors within the Trust who have progressed through the CESR programme into senior leadership posts. There is a diverse representation in terms of the Trust’s medical workforce. There is an active Specialty and Specialist (SAS) doctors’ forum, noting there is a high instance of that workforce coming from overseas.</p>		

	<p>MG advised there has been some research which suggests starting with senior levels as a focus to get the 'pull factor'. There is a need to consider what is the best strategy for achieving senior levels. RS advised actions are often described as positive action or high impact action. The approach will be considered by the People and Culture Committee.</p> <p>GW felt there is a need to get underneath the statistics and speak to BME and disabled staff to find out how they are feeling, how the present compares to previous years and what else can be done from their perspective. RS acknowledged there is a need to ensure the voice of these colleagues is heard and listened to and there is ongoing work with the staff networks in relation to this. Feedback from the networks will be included in future reports.</p> <p>PR advised it is important for the staff networks to feel supported and to stimulate interest in colleagues joining the networks. PR advised he will be visiting each of the networks over the next year to understand how the networks can be supported further.</p> <p>AR noted the data contained within the report in relation to consultant recruitment aggregated by ethnicity and felt it important for applicants who are not shortlisted, or appointed following interview, to be given the opportunity to receive the right kind of feedback to help them with future applications. RS advised it has been recognised the Trust's processes are equitable compared to the wider peer group, but acknowledged the figures are stark and it is a valid point.</p> <p>The Board of Directors were ASSURED by the reports.</p>		
<p>23/318</p>	<p>STRATEGIC OBJECTIVE 4 – TO CONTINUOUSLY LEARN AND IMPROVE</p>		
<p>24 mins</p>	<p>AS joined the meeting.</p> <p>Research – update</p> <p>AS presented the report, highlighting recruitment into trials, lack of recruitment into commercial trials, research activity across specialities, financial position, patient experience and progress against the 2022/2027 Research Strategy.</p> <p>AR felt it important to maximise the opportunity to apply for grants, noting it is very difficult to be successful in obtaining grant funding without academic partnership. AR queried what academic partnerships the Trust has, how strong they are and how many applications for grants the Trust has submitted. AR noted there is some research which requires bed space, but also desktop based research. AR queried if the possibility of bringing in large grants for non-physiological measurement research, in partnership with others, has been considered.</p> <p>AS advised SFHFT has had very little success in securing grant funding, mainly because the Trust does not have a formal relationship with an academic organisation, although it has been working on creating a collaboration with Nottingham Trent University to support nursing and midwifery teams. In terms of clinician colleagues, it has been very challenging to try to encourage them to be interested and</p>		

develop those partnerships to apply for large grants. It is hoped this will improve as part of the Clinical Research Facility (CRF) as this will bring the opportunity for closer partnerships with NUH and enable SFHFT and NUH to work together on grants. The Trust hopes to employ a clinical research fellow to be based in the CRF. Two deputy CRF directors have been appointed, funded by NUH. They will be free to develop relationships with other universities, not just one.

GW felt consideration should be given to any actions the Board of Directors can take to support the commercial aspect of research. GW queried if the Trust has given any thought to applying for university status, as this may help with grants. It is important to develop relationships with universities in the best possible way. PB advised the Trust does work with universities, advising there are three posts, joint funded with the University of Nottingham, which have recently been appointed to, for nursing and Allied Health Professionals (AHP). These are not senior posts but are aimed at anyone with an interest or desire to develop their skillset. In addition, the academic research posts will look at pathways for staff who want a clinical academic pathway.

DS advised one of the 'hot topics' for the ICB acute medical directors is research. DS advised he and PB have met with the Deputy Vice Chancellor of the University of Nottingham, who is keen to work with the Trust. DS advised the Trust is research active in other areas, for example the Trust is part of the East Midlands Imaging Network (known as EMRAD).

MG queried what are the benefits of research for patients and the local population and how is this information captured. AS advised the main benefits of research, particularly the CRF, relates to the levelling up of opportunity. For the past two years the Trust has funded a joint post with primary care for someone to work alongside an academic GP in Huthwaite. This has quadrupled research activity across mid-Nottinghamshire and has spread across the Primary Care Networks (PCNs) with Ashfield PCN being particularly research active. This is an example of providing wider opportunities across the system.

In terms of measuring the impact of studies the Trust participates in, this is difficult as the Trust is generally a participating site and is reliant on the sponsor of the study to disseminate the results. The Trust has been the lead on a couple of studies and has sponsored a couple of studies. The Trust is part of the Integrated Care System (ICS) Research Partners Group and there is funding from the Clinical Research Network (CRN) to develop the ICS Research Strategy. This will enable support colleagues in social care, public health and the voluntary sector to be more supported. The Trust is part of the 'CoLab' initiative, which is an initiative by the Universities for Nottingham, to support people in the community to put forward ideas for research and support them to take part in research activity. If the Trust has the opportunity to lead on more studies, there will be the opportunity to target areas people in the community think are important.

	<p>MG advised as part of 'levelling up', the Prime Minister has recently announced the area served by the Trust has been allocated £20m and queried if there was an opportunity for the Trust to secure some of that funding. AS advised she was not sighted to that opportunity. Funding for research at the Trust is limited to what is allocated by the CRN. Any additional funding which could be secured would be welcomed.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>AS left the meeting.</p>		
23/319	STAFF STORY – MENOPAUSE IN THE WORKPLACE – LEARNING FROM AND SUPPORTING OUR COLLEAGUES		
13 mins	<p>JR and AG joined the meeting.</p> <p>JR and AG presented the Staff Story, which highlighted the support provided to staff going through the menopause.</p> <p>CW felt this is a very important service for staff, particularly given the number of women within the Trust's workforce. It is very important to ensure they feel their best when in work.</p> <p>GW recognised the work being done, advising this aids understanding of what the menopause actually means. Increasing awareness is very important.</p> <p>PB advised he chairs the Women's Network within the Trust and is often asked why this is the case. PB advised as someone who works with a predominantly female workforce, he made the conscious decision to deal with his own ignorance in relation to menopause. Everyone will come into contact with menopause in some way and everyone has an obligation to educate themselves and support colleagues.</p> <p>JR and AG left the meeting.</p>		
23/320	WINTER PLAN		
23 mins	<p>MB joined the meeting.</p> <p>RE advised the Winter Plan includes putting additional capacity in place, work to improve pathways to improve flow, etc. It will still be a very challenging Winter, but the combination of schemes will help to mitigate the risk to patients.</p> <p>MB presented the report, highlighting key principles for Winter planning, the approach taken, bed modelling, mitigations, elective activity, vaccination plans, communications approach, key areas of system focus, staff wellbeing offer and escalation plans and contingencies. The Winter Plan will continue to evolve and it forms part of a wider process across the ICS. Any significant variances to plan will be escalated.</p> <p>GW felt a plan is only as good as the assumptions it is built on and expressed concern in relation to the Trust's ability to reduce the number of Medically Safe for Transfer (MSFT) patients as outlined in the Winter Plan.</p>		

RE advised reducing the number of MSFT patients is the single biggest opportunity to create capacity. The Trust is currently working closely with PA Consulting, who have been engaged by the system to support the delivery of the urgent care pathway. They have initially been asked to focus on the discharge issue. There are opportunities in relation to discharge, but they are hard to realise due to complex working across a variety of system partners. However, there are also some internal opportunities.

SB noted the impact of Virtual Ward is relatively small and queried if there was anything further which could be done to improve this. RE advised Virtual Ward had been discussed in detail at the recent meeting of the Quality Committee. Performance has started to improve, particularly as Outpatient Parenteral Antimicrobial Therapy (OPAT) services have come online. There will be further opportunities in relation to respiratory pathways as we head into respiratory season. DS advised Virtual Ward is 'work in progress' but the service is growing and the Trust is on trajectory to 'overproduce' Virtual Ward beds. However, there is work to do and other opportunities to be explored.

ARB queried if there is anything further the Trust can do with the ICS in terms of risk management and sharing risks, particularly in relation to MSFT patients. RE advised this aligns with the work PA Consulting are currently undertaking, noting they are engaging with all system partners. PA Consulting were engaged initially for the diagnostic phase, which is due to finish in approximately 2 weeks' time. They have been looking at the interfaces with all partners. Engagement with the ICS in relation to the MSFT agenda is improving, with organisations working more collaboratively and trying to support each other to solve common problems. PR noted the regular meetings and collaborations RE attends with NHS Chief Operating Officers, which also include representation from social care across the county and other partners, for example, City Care.

CW acknowledged there has been an ongoing challenge in terms of delivering To Take Out (TTO) medications in a timely manner. Noting there is a proposal in the Winter Plan to support a faster process, CW queried what actions are being taken which will be embedded, not just for Winter but also the longer term.

RE advised a transformation group has been established within Pharmacy to look at this. There is a target of a two-hour turnaround time for TTOs and the trust is achieving above 90%. It is not solely a pharmacy process as it also involves junior doctors on the wards writing up the prescriptions and how ward rounds operate. Some small-scale work has been undertaken, starting with stroke and respiratory wards, to look at the process to identify anything which can be tightened up. RE advised she recently attended a regional Winter launch event, at which there was a presentation from the Regional Lead Pharmacist in relation to community services which could support hospital discharges, for example, Community Pharmacy Consultation Service, Discharge Medicines Service and voluntary services. Work is underway to identify if those opportunities can be expanded.

CW advised she has raised the issue of a Pharmacy First Service with the ICS, noting if patients are being encouraged not to attend the hospital as part of the Prevent Programme, they need to have access to a Pharmacy First Service, and this is currently not operational across Nottingham and Nottinghamshire.

AH queried if the Trust has targeted sufficient mitigation into the January 'window' and if this could be increased. RE advised, as part of the broader system Winter planning process, there will be a more focussed piece of work looking at the December / January period. RE advised the approach to elective activity is different for 2023/2024, advising in 2022/2023 the aim was to protect elective activity due to the recovery position at the time. However, this became impossible by January and the Trust converted elective beds to medicine, but this was done in a way which was not planned for and was, therefore, not done in the most efficient or effective way. For 2023/2024, the Trust has put in a contingency plan for converting elective beds. This will only be enacted if necessary, but it will ensure there are plans in place to convert beds in the best possible way and safest way for patients. The Trust will also seek to identify other actions which can be put in place to mitigate the risks.

DS advised the Winter Plan is an advanced plan, based on a number of assumptions. The modelling will be reflected on for future years. The plan is subject to change, depending on what challenges have to be faced, for example a big Covid wave or flu wave.

SB queried if the Trust will review if the decision to reduce the bed base is a better decision financially and for patients. RE advised it is not an option to close escalation (route to balance) beds until there is evidence the number of MSFT patients is reducing on a sustained basis. While it may be better financially, it is not tenable from a quality and safety perspective.

RM advised from a financial perspective the plan was the Trust would be able to remove some of the escalation beds, noting these were not classified as core beds. However, it has not been possible to remove those. The hope was there would be a reduction in demand, which would, therefore, be aligned to the removal of escalation beds. However, demand has remained at a higher level and, therefore, those adjustments have not been enacted to date.

PR advised there are patients in beds across Nottinghamshire who are medically safe for transfer. There is a need to discharge those patients to the appropriate place in order to reduce the number of escalation beds open. This is the route to balance plan. GW advised the Trust will not reduce escalation beds if there is a concern about quality of care and safety of care.

The Board of Directors APPROVED the Winter Plan.

MB left the meeting.

23/321	PLANNED CARE ASSURANCE REPORT		
7 mins	<p>CA joined the meeting.</p> <p>RE advised NHSE has written to acute trusts requesting a self-certification against a number of key activities in relation to elective recovery. The submission has been discussed at the Quality Committee. It was noted the Trust is offering limited assurance against some of the agenda. However, the Quality Committee were happy to support the submission to NHSE.</p> <p>It was noted this is work in progress and there are a number of challenging standards the Trust needs to meet. Progress updates will be provided to the Quality Committee on a regular basis.</p> <p>CA presented the report, highlighting areas of challenge, areas of clinical risk and areas of strength.</p> <p>MG sought assurance all the areas identified in the report have an assurance process at executive level and queried what ongoing assurance will be provided to the Board of Directors. RE advised a governance structure is in place to look at all the areas in more detail. Updates on progress against the standards will be provided to the Quality Committee.</p> <p>The Board of Directors were ASSURED by the report and APPROVED the submission to the self-certification assessment to NHSE.</p> <p>CA left the meeting.</p>		
23/322	GOVERNANCE REVIEW FOLLOWING THE TRIAL OF LUCY LETBY		
23 mins	<p>KB joined the meeting.</p> <p>PR advised following the trial of Lucy Letby, NHSE wrote to all trusts setting out five requirements for Board governance and oversight, all of which relate to the Freedom to Speak Up (FTSU) agenda. It was noted these areas are detailed in the report, together with an additional 12 areas of broader governance and assurance mechanisms which have been identified within the Trust.</p> <p>KB presented the report, advising this details the Trust's response to the five areas raised in the letter from NHSE, highlighting the approach to reaching out to bank staff and staff who work out of hours, the need to raise awareness of FTSU and the FTSU training offer. KB advised the FTSU reflection and planning tool was completed in April 2022 on the old framework. This is due for review in April 2024, but as this is now a more detailed document, consideration will be given to bringing this review forward.</p>		

ARB queried if agency staff can link into FTSU. KB advised FTSU is available to everyone who works in the organisation, including agency staff, volunteers, etc. In terms of those staff being aware of FTSU, this is reliant on the wards and department areas they cover promoting Speaking Up. Offering FTSU training to everyone as part of the mandatory training offer will help provide assurance people are aware of FTSU.

DS referenced the query raised in the letter from NHSE in relation to boards seeking reassurance that staff can speak up with confidence and whistleblowers are treated well, noting this is not generally the case in the NHS. DS queried if there is evidence whistleblowers are treated well at SFHFT or if there are any areas for improvement.

KB advised she seeks feedback and evaluation from people who use the FTSU process, noting the majority of people have reported a positive experience. KB advised she is aware she is unable to capture all feedback as people do not always provide this. KB advised she always seeks feedback regarding the process, rather than the concern and solution. The FTSU policy includes a detriment section and this is highlighted to people when the process is explained.

AR sought assurance people would feel able to come forward if a similar situation to the Lucy Letby case arose within SFHFT, people would be protected and any signals would be identified at an early stage. KB advised the crimes of Lucy Letby pre-date FTSU being embedded in NHS organisations. KB advised she has the option to signpost and escalate with confidentiality to the National Guardians' Office if it is felt appropriate action has not been taken locally or if people do not feel able to speak up within the organisation.

AR queried if KB could signpost nationally without the knowledge of her Trust line management. KB confirmed she is able to do this, advising another alternative is to go via Barbara Brady, Senior Independent Director. KB advised she has previously signposted people, who are fearful of speaking up via the usual routes, due to how they feel, to BB for a confidential conversation in the first instance.

MG queried what reassurance processes are in place to confirm the effectiveness of controls which are in place and how does the Trust balance a culture which has values in relation to trust and respect, with a culture which is looking for criminal intent. PR advised the Trust has a process in place for reporting incidents and near misses, etc. and learning from those. PR noted 'bad' people do 'bad' things, advising it is everyone's responsibility to promote an open and transparent culture where incidents and near misses are reported and colleagues are supported to be able to speak out. The mechanisms outlined in the report enable this to happen.

DS advised people do not come to work to do harm, but sometimes 'bad' things happen. The Trust has robust processes in place to investigate incidents and learn from them. The Trust does not want to start to change its culture to get the Police involved in every investigation. It is important not to lose sight of the balance of what the Trust is doing in the normal 'safety netting' and mechanisms for this exceptional case.

SB noted the recommendations for consideration in relation to FTSU training being made mandatory and the FTSU Reflection and Planning Tool being reviewed and queried if these recommendations would be taken forward. PR advised he had asked KB to provide a response to the specific points raised in the letter from NHSE. PR advised the recommendations made by KB would be adopted.

RS advised there is a need for a degree of pragmatism in relation to the introduction of mandatory training. While the aspiration might be for all staff to receive mandatory FTSU training, there is a need to consider how the transition is made over a period of time to roll this out to 6,000 individuals. Training could be delivered to new starters as a key part of their orientation, but there is a need to use a variety of other options to deliver some of the key messages to all the workforce.

SB felt one of the biggest differences which can be made relates to line management and how it feels as a line manager when someone is raising something which could feel like a complaint. It is easy to go into a defensive mode in this situation. The culture shift would be for concerns to be welcomed and acted on.

AH felt it would be useful to undertake a review of the Trust's whistleblowing process over the past 5 years.

MG queried how members of the Board of Directors can assure themselves they do not have optimism bias. MG noted fraud control is a well-established aspect of criminal intent and queried if there was any learning the Trust can take from the controls which are in place for fraud control.

GW advised Counter Fraud reports to the Audit and Assurance Committee on a regular basis, noting this works very well. PR advised the transferable learning which can be taken from that into the FTSU agenda is the huge amount of work undertaken by Counter Fraud to raise awareness of fraud.

DS advised it is key to recognise there might be optimism bias, call it out and for members of the Board of Directors to challenge each other.

PR advised there will be recommendations for trusts arising from the public enquiry into the Lucy Letby case. When these are known, the Trust will implement those and at that point it may be useful to get an external view of the processes and mechanisms which the Trust has in place.

The Board of Directors were ASSURED by the report.

KB left the meeting.

23/323	UPDATED FIT AND PROPER PERSON TEST		
3 mins	<p>SBS presented the report, advising a new Fit and Proper Person Test Framework has been introduced from 30th September 2023, with the purpose to strengthen and reinforce individual accountability and transparency for board members, thereby enhancing the quality of NHS leadership. The five key elements of the new test are outlined in the report.</p> <p>The Board of Directors were ASSURED by the report.</p>		
23/324	ASSURANCE FROM SUB-COMMITTEES		
9 mins	<p>Audit and Assurance Committee</p> <p>SB presented the report, highlighting governance arrangements for Musculoskeletal (MSK) services.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Finance Committee</p> <p>GW presented the report, highlighting the financial position at the end of Month 5, application for Revenue Support from NHSE, Financial Recovery Plan and escalations to the ICB.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Quality Committee</p> <p>AR presented the report, highlighting increase in mortality rates, impact of continued industrial action, Safeguarding Annual Report, decrease in complaints received, Quality Strategy, Patient Safety Incident Review Policy, work commissioned in relation to Virtual Wards and review of Board Assurance Framework (BAF) Principal Risks.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>People and Culture Committee</p> <p>SB presented the report, highlighting impact of industrial action, increase in employee relations cases and review of BAF Principal Risks.</p> <p>The Board of Directors were ASSURED by the report.</p>		
23/325	OUTSTANDING SERVICE – A VOLUNTEER'S JOURNEY THROUGH SHERWOOD FOREST HOSPITALS		
6 mins	<p>A short video was played highlighting the work of the Trust's volunteers.</p> <p>CW requested the video be shared with community partners.</p> <p>Action</p> <ul style="list-style-type: none"> Volunteer's Journey outstanding service video to be shared with community partners. 	DA	02/11/23

23/326	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"> • Flu and Covid vaccinations • Impact of Industrial Action • Commencement of community diagnostic activity at Mansfield Community Hospital • Opening of new theatre facility at Newark Hospital • WRES and WDES • Preparations for Winter • Speaking Up Month • Staff story regarding menopause • Outstanding service video regarding volunteers 		
23/327	ANY OTHER BUSINESS		
	No other business was raised.		
23/328	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 2nd November 2023 in the Boardroom, King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:15.</p>		
23/329	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</p> <p style="text-align: right;">Date</p>		

23/330	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>		
23/331	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>		