

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 3rd June 2021 via video conference

Present:	Claire Ward	Chair	CW
	Tim Reddish	Non-Executive Director	TR
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Neal Gossage	Non-Executive Director	NG
	Manjeet Gill	Non-Executive Director	MG
	Andy Haynes	Specialist Advisor to the Board	AH
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer & Deputy Chief Executive	PR
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Simon Barton	Chief Operating Officer	SB
	Julie Hogg	Chief Nurse	JH
	Emma Challans	Director of Culture and Improvement	EC
David Selwyn	Medical Director	DS	
In Attendance:	Sue Bradshaw	Minutes	
	Rob Simcox	Deputy Director of People	RS
	Donna Broughton	Producer for MS Teams Public Broadcast	DB
	Danny Hudson	Producer for MS Teams Public Broadcast	DH
	Kim Kirk	Operations Lead for Hospital COVID Vaccination Hub	KK
Observer:	Jacqueline Lee	Staff Governor	
	Roz Norman	Staff Governor	
	Ann Mackie	Public Governor	
	Ian Holden	Public Governor	
	Muhammad Khan	Chief Registrar	
	Claire Page	360 Assurance	
Becky Cassidy	Interim Trust Secretary, Nottinghamshire Healthcare		
Apologies:	Clare Teeney	Director of People	CT
	Lorna Branton	Director of Communications	LB

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
17/997	WELCOME		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>Noting that due to the circumstances with regard to Covid-19 and social distancing compliance, 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>		
17/998	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda		
17/999	APOLOGIES FOR ABSENCE		
1 min	<p>Apologies were received from Clare Teeney, Director of People and Lorna Branton, Director of Communications.</p> <p>It was noted that Rob Simcox, Deputy Director of People, was attending the meeting in place of Clare Teeney.</p>		
18/001	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting held on 6 th May 2021, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/002	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 17/801, 17/933.3, 17/933.4, 17/970 and 17/973 were complete and could be removed from the action tracker.		
18/003	CHAIR'S REPORT		
2 mins	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective. CW expressed thanks for the donations which have been received from members of the public.</p> <p>The Board of Directors were ASSURED by the report.</p>		
18/004	CHIEF EXECUTIVE'S REPORT		
6 mins	RM presented the report, highlighting progress in relation to Covid and the vaccination programme, NHS Equality, Diversity and Human Rights week, Volunteers week, National Carers week and the Freedom to Speak Up (FTSU) Index report.		

<p>11 mins</p>	<p>SB advised Covid inpatient admissions remain low and there are currently only three inpatients with Covid. The Newark Urgent Treatment Centre (UTC) has been operating on reduced hours due to the pandemic. A further temporary extension of the overnight closure of the UTC, for 6 months, is being applied for. The current extension runs until the end of June 2021. The piece of work looking at the extension, which will be led by the CCG, will take place over the next 3-4 weeks. It was not possible to undertake this work earlier due to purdah and the local elections. The workforce challenges are unchanged. The Trust will be working with the CCG for them to lead some work with local stakeholders in relation to more permanent options for Newark UTC.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Covid Vaccination Update</p> <p>RS presented the report, advising the 100,000th vaccine was given at the hospital hub on 26th May 2021. 90% of colleagues have now received the first dose of the Covid vaccine and 78% have had both doses.</p> <p>CW queried what action was being taken in relation to staff, particularly Black, Asian and minority ethnic (BAME) staff, who have not yet been vaccinated to understand any concerns and why they have not come forward for a vaccine. RS advised a number of events have been held in conjunction with the BAME network group in relation to encouraging colleagues to access the vaccine and to understand what may be preventing them from doing so. Some intelligence suggests fear of needles, fear of the vaccine, etc. The Trust has tried to strike a balance where reassurance can be sought on an individual basis. This work is ongoing.</p> <p>AH queried if the Trust is planning the usual flu campaign for the Winter of 2021/2022. RS advised there is a dedicated working group for flu vaccinations and planning for the 2021/2022 campaign has already started. Recognising flu has not been as prevalent in 2020/2021 as in previous years, the Trust will ensure every attempt is made to increase the opportunity for colleagues to receive the flu vaccine.</p> <p>DS advised the national Covid vaccine booster trial is due to start in July 2021. It is anticipated this will report in September 2021 to inform whether a booster programme will roll out and the timing of that. This may impact on the flu vaccination programme.</p> <p>NG queried the Trust's position in relation to a Covid booster programme which may be required in the Autumn / Winter and whether the facilities at King's Mill Hospital will be maintained. DS advised the Trust has expressed an interest in maintaining the King's Mill hospital hub as a vaccination site, but it has not yet been clarified where the sites will be. The outcome of the trial is required to establish if there will be a booster programme. The Trust will run a separate flu vaccination programme and, potentially, a Covid booster programme. RS advised the Trust is planning for the hospital hub to be an integral part of the delivery of a vaccine programme.</p> <p>The Board of Directors were ASSURED by the report</p>		
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18/005	STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE		
9 mins	<p>Maternity Update</p> <p>JH presented the report, highlighting the Saving Babies’ Lives Care Bundles and Continuity of Carer. It was noted the paper states the Trust is providing care to 61% of BAME women, this figure should read 25%. Work is continuing in relation to the Ockenden submission and NHS Resolution (NHSR) safety actions.</p> <p>MG queried if the Trust is working with the county council’s children’s department in terms of their children and families centres, or the voluntary sector. JH advised predominantly a lot of antenatal and postnatal clinics are based in GP surgeries. The team are looking at the possibility of gaining access to other community locations to support the Continuity of Carer work. In terms of the voluntary sector, there are some things which work well, for example, the bereavement pathway and infant feeding support, but there is more which can be done in relation to antenatal education and birth planning.</p> <p>BB noted the review which is being undertaken in terms of Continuity of Carer and queried the timeline for the work to be completed and the new model to be in place. JH advised the work is currently in the diagnostic phase. Through the partnership with Shrewsbury and Telford NHS Trust (SaTH), the Trust has access to an improvement partner who has been contacted to see if they can provide some support with this work.</p> <p>NG noted while the numbers are low, the Trust does appear to be an outlier in relation to obstetric haemorrhage. NG queried if there are any underlying causes for this which need to be addressed. JH advised each haemorrhage is reviewed through the triggers meeting and the team are clear they have not identified any lapses in care or themes. However, the team have been asked to do a collective thematic analysis of haemorrhages over the last three months. In addition, there is a need to ensure the threshold is correct.</p> <p>JH advised the Trust continues to have issues in relation to the response rate for the Friends and Family Test. As the volunteers are back on site, this provides an opportunity to use them in a different way to provide support to ensure a representative response rate. The still birth rate has reduced, but remains above the threshold. The training figure is showing red due to the new financial year and there will be an improvement month on month. There is a commitment by the Trust Board of Directors to facilitate multi-professional training sessions, including foetal monitoring training.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/006	STRATEGIC PRIORITY 2 – TO PROMOTE AND SUPPORT HEALTH AND WELLBEING		
10 mins	<p>Guardian of Safe working</p> <p>DS presented the report, advising there have been 149 exception reports, all but 10 of which relate to safe working hours. 97% of the reports have been closed.</p>		

	<p>There were 10 patient safety reports, which were dealt with immediately and were relatively low level. Exceptional medical staffing changes were instituted as a result of Covid. While this increased the number of medical staff on the wards, it did impact on training opportunities.</p> <p>BB noted the Junior doctors' training has been impacted by Covid and queried what support is being put in place by the Trust and the education system to address this. DS advised the long term impact on training is increasingly being recognised. The Trust has tried to move training and education to be considered as front and centre of everything it does. The post graduate education lead has been asked to develop a training charter and the Trust has signed up to the East Midlands training charter. There will be some trainees who are unable to progress and achieve their final completion. The national bodies are working to understand the implications of this and what can be done to address it.</p> <p>AH queried if the clinical Fellows have access to the Guardian of Safe Working in the same way as Deanery trainees. DS advised the Trust is trying to harmonise the processes for all.</p> <p>AH noted some students graduated early to assist with the Covid pandemic and this group will now be at or past the end of their first year. Some of these will have moved on to their next rotation. AH queried if the Trust has sight of this group and if exit interviews have taken place for information to be passed onto their subsequent rotation. DS advised it was anticipated the Deanery would be undertaking this work. This will be followed up with Health Education England.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>18/007</p>	<p>STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE</p>		
<p>12 mins</p>	<p>Equality and Diversity Annual Report</p> <p>RS presented the report, advising the Equality and Diversity Annual Report sets out the Trust's responsibilities under the Equality Act and Equality Delivery System and details how the Trust has responded.</p> <p>MG felt for future reports it would be useful to see an analysis of all the data, feedback from groups, etc. in terms of challenges and future opportunities and how these inform actions. RS advised there will be the opportunity to start to capture this through the committees as the year progresses.</p> <p>RM advised in terms of inclusion, there are three areas to focus on, inclusion in terms of interactions between one colleague and another colleague, inclusion in the way patients and service users interact with colleagues and the Trust's role in the wider system.</p> <p>TR felt, as part of the strategy being developed, it would be useful to see a trajectory in relation to the number of people the Trust employs, particularly with regards to individuals with protected / distinctive characteristics.</p>		

	<p>RS advised there will be some focus over the next 12 months to look for some tangible evidence and stretched opportunities, particularly with reference to distinctive characteristics and this will be explored through the committees.</p> <p>MG noted the good work in relation to staff networks and queried if there is an appetite for any other networks. RS advised there is always a need to explore the balance of the networks and the value they add. The Trust is keen to focus on an extension of the networks across the system.</p> <p>RM advised Care for Notts, which is the carers' academy, is a good route for people who live across Nottinghamshire to identify roles within health and care services and provides a good mechanism for identifying roles for the local population. TR advised Portland College is another organisation to consider contacting.</p> <p>The Board of Directors RECEIVED and were ASSURED by the Equality and Diversity Annual Report</p>		
18/008	STRATEGIC PRIORITY 5 – TO ACHIEVE BETTER VALUE		
13 mins	<p>Integrated Care Partnership (ICP) Full Year Update</p> <p>RM presented the report, highlighting the piece of work which has been taking place in relation to the Bellamy Housing Estate in Mansfield and the update on the objectives for 2021/2022. The primary focus for the Trust is to continue to work as a statutory organisation, the second is the Nottingham and Nottinghamshire Integrated Care System (ICS) and the third is the mid-Nottinghamshire ICP.</p> <p>BB queried how the objectives and workplan for the year ahead might reflect on some of the health services which may be improved with greater collaboration. RM advised the ICP has tried to ensure it provides a balance between health care and the voluntary service. The work of the ICS is predominantly the mechanism to deliver the health agenda. However, the ICP has tried to maintain a local focus on the care agenda.</p> <p>MG queried if there are any other priority neighbourhoods, other than the Bellamy Estate. RM advised there is good work taking place elsewhere, as well as the Bellamy Estate. There is a need for a clearer understanding and mapping of available information to identify areas which would benefit most from a collective effort.</p> <p>AH felt there is a need to find the right balance and leverage maximum intervention opportunities with the Bellamy Estate.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/009	STAFF STORY – COVID VACCINATIONS STAFF VOICES		
22 mins	<p>KK joined the meeting.</p> <p>RS and KK presented the Staff Story which related to colleagues' experience of working on the Covid vaccination programme.</p>		

	<p>RM queried if there is anything which would be done differently if the programme started now. KK advised when the programme started there were so many variables and things which were not known. KK advised she did not know if anything could have been done differently as it was new to everybody and it was a case of constantly moving forward at pace with the unknown and working to accommodate different cohorts of people.</p> <p>CW noted the ongoing discussions about vaccinating the under 18s, which will require a different approach, and queried if the decision is made to vaccinate under 18s, would this be through the hospital hub or the school vaccination programme. KK advised this is not yet clear and a number of options are being worked on in relation to how to move forward with 12-18 year olds.</p> <p>DS advised there had been a suggestion to hopefully use the single dose vaccine for younger people. However, this is increasingly likely to be Pfizer based, which may involve utilising the hub.</p> <p>TR queried what had been learnt from the experience of the vaccination programme which could be transferred to other areas of the Trust. RS advised due to the fast moving logistics of the programme the Trust has had to respond very quickly. There is a need to reflect on the programme and transfer some of the learning to other areas.</p> <p>KK left the meeting.</p>		
<p>18/010</p>	<p>SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT</p>		
<p>33 mins</p>	<p>PEOPLE AND CULTURE</p> <p>EC highlighted the Trust's response to the Staff Survey results, quality improvement work and the Building Better Together pack.</p> <p>RS advised performance is returning to 'normal' levels, particularly in relation to sickness absence and highlighted the psychological support which is available to colleagues. The recruitment micro site is nearing completion.</p> <p>NG noted the comment in the report in relation to the thresholds being amended to be more reflective on the reportable position and felt it would be useful for the People, Culture and Improvement Committee to have further discussion in relation to what the normalised positions for the indicators are, how these have been stretched to give the new targets for this year and how these are benchmarked against other trusts. RS advised this can be explored in more depth by the Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • People, Culture and Improvement Committee to discuss the normalised position for performance indicators and benchmarking of those with other trusts 	<p>CT</p>	<p>05/08/21</p>

QUALITY CARE

JH highlighted the ED friends and family test and improvements to the infection, prevention and control metrics, noting although the Clostridium difficile (c. diff) rate remains high, it is an improving position. DS highlighted venous thromboembolism (VTE).

BB queried if the downward trend for c. diff was continuing. JH advised there were four cases in April and two in May. BB noted the change to the metrics / indicators and felt it would be useful to see more information related to effectiveness as part of the SOF. JH advised there are more effective measures in the quarterly report.

TIMELY CARE

SB advised most of the changes to the SOF are national standards to be delivered in H1 (Half 1). Some of these are likely to change in H2, notably those relating to emergency access.

ED performance remains strong, with activity having returned to pre-pandemic levels. Most of the Winter capacity has returned to baseline. It was noted the indicator in relation to patients who are medically safe for transfer is showing as red. SB advised a new discharge to assess pathway is due to start later this year, which will help address this. There has been an increase in admissions on the surgical pathway.

In terms of elective waiting lists, there has been a good level of activity and the national standard was exceeded in April. Initial plans for the Accelerator Programme have been submitted.

GW queried if there were any early indications on the May performance in relation to elective inpatient activity. SB advised inpatient activity significantly increased during May and the Trust will achieve all aspects of activity, with 90% overall.

MG queried how the system can support some of the access standards. SB advised as part of the Accelerator Programme the Trust is working closely with NUH. Work is ongoing to identify specialties where there is potential to work closer together and to potentially offer patients the opportunity to have their treatment at either organisation, should the waits be lower. This work is not yet concluded. In addition, the Trust will continue to use the independent sector. The aim is to keep as many patients as safely possible in Nottinghamshire for their treatment so they do not have to travel too far.

NG noted activity is measured at Day Case, Elective and Outpatients level and queried if the 70% threshold needs to be met for all elements in order to receive Elective Recovery Funding (ERF) or if it is a weighted average. In addition, NG queried if activity is on target across the ICS, given ERF is allocated at a system level. SB advised the Trust is trying to treat as many patients as possible, in line with clinical priority. If this is achieved, the ERF aspects will be delivered. PR advised ERF is calculated at the tariff value based on 2019/2020 levels of tariff value of activity and this is across the system. There will be a weighted average across the system for Nottinghamshire.

	<p>BEST VALUE CARE</p> <p>PR outlined the Trust's financial position at the end of Month 1.</p> <p>RM advised the Trust has had a good start to the year but there is a need to recognise how challenging the remainder of the year will be.</p> <p>The Board of Directors CONSIDERED the report.</p>		
<p>18/011</p>	<p>CANCER PERFORMANCE IMPROVEMENT PLAN</p>		
<p>14 mins</p>	<p>SB presented the report advising the national standard is to return the number of people waiting for longer than 62 days (the backlog) to the level observed in February 2020; for SFHFT this was 45 patients. In March there were 101 patients in the backlog. SB advised the actions being taken are identified in the paper and outlined the risks to delivery.</p> <p>AH queried if the conversion rate is known and if there has been an increase. SB advised the conversion rate is small and, therefore, small increases to this can affect capacity. There is a need to get a better understanding of the conversion rate and for this to be in terms of patient numbers. There has been a significant increase in referrals to the breast pathway, but not necessarily more cancers as a result. There is more work to do with primary care.</p> <p>In terms of diagnostic capacity, this was a challenge pre-Covid. Some of the additional endoscopy and imaging capacity through the Accelerator Programme will help, but diagnostic capacity will be a challenge. There is some work to do to attempt a prioritisation process for diagnostic patients and this is a big piece of work. In terms of operative capacity, the Trust has always performed strongly on time from diagnosis to operative treatment, but critical care capacity is potentially a risk to operative capacity. Capacity plans are in place to support the work, but it is dependent on demand. SB advised there has been an increase in surgical emergencies and inevitably some of those patients will have cancer.</p> <p>DS advised as part of the work looking at Covid harm, the Trust is capturing information in relation to patients who, it is felt, have had a delayed presentation, but this is not being reflected in terms of where they were on the waiting list. There is some ad hoc information which suggests a number of tumour sites are presenting to clinics with later stage presentation. This has been raised through ICS clinical webinars, but there is no mechanism for collating this information into a formalised ICS report.</p> <p>MG sought clarification regarding the statement in the report that routine care is at risk if referrals continue to increase. SB advised more capacity will be put in place to enable the Trust to treat more patients through the Accelerator Programme. However, if capacity cannot meet the levels of cancer demand, there will be a need to convert some routine capacity to cancer capacity as patients referred on a 2 week wait, or into any cancer service, could potentially be some of the sickest patients the Trust treats through non-emergency pathways. With the Accelerator Programme the Trust should have capacity available to meet both aspects of demand but will need to prioritise as necessary.</p>		

	<p>CW noted there has been a 30% increase in breast cancer referrals and queried if this is repeated in peer organisations. SB advised NUH are seeing an increase but did not have the data available.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/012	INFECTION PREVENTION AND CONTROL BOARD ASSURANCE FRAMEWORK (BAF)		
2 mins	<p>JH presented the report, advising the Infection Prevention and Control BAF has 121 key lines of enquiry. The Trust is compliant with all but two of those, the details of which are included in the report.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/013	ASSURANCE FROM SUB COMMITTEES		
10 mins	<p>Quality Committee</p> <p>BB presented the report, highlighting the Covid harms assessment, review of BAF risks and litigation risks resulting from the Covid vaccination programme and the implications of this for the Trust.</p> <p>DS advised of a needle stick injury from the Covid vaccination programme and confirmed a claim has been made against the Trust as it holds the CQC registration for the programme and is the named organisation. The legal team and the ICS are exploring who should be the named organisation in these incidents and the Memorandum of Understanding (MOU) is being adjusted to reflect that.</p> <p>CW queried what additional clarification has been sought in relation to protection for individual vaccinators. DS advised as SFHFT is hosting the staffing attributes for the programme, in effect the Trust is taking responsibility for all the staff who are vaccinating. While some of the team are Trust staff, others are from other organisations and are filling bank shifts. If vaccinators are substantive SFHFT staff, the Trust will take responsibility. However, if they are bank staff from another organisation, the parent organisation will take responsibility.</p> <p>RS advised a number of colleagues working on the vaccination programme just hold a bank assignment, with no links to another organisation. These colleagues are the same as a substantive member of Trust staff.</p> <p>Finance Committee</p> <p>NG presented the report, highlighting the H1 plan and the ICS underlying deficit.</p> <p>RM advised finance is one of the mechanisms where the Trust is working closely with other organisations. A third of the delivery on overall finances sits with plans which span all organisations with two thirds of the plan sitting with individual organisations. There is a need to sense check if all organisations are delivering on their financial agreements.</p> <p>The Board of Directors were ASSURED by the reports.</p>		

18/014	COMMITTEE TOR, WORKPLANS AND EFFECTIVENESS REVIEWS		
2 mins	<p>SH presented the report advising all committees review their Terms of Reference (TOR) and work plans each year and undertake an effectiveness review. One action for the People, Culture and Improvement Committee has been identified. No actions have been identified for the other committees.</p> <p>The Quality Committee are undertaking a maturity matrix assessment and, therefore, have not completed a committee effectiveness report this year.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/015	OUTSTANDING SERVICE – AUDIOLOGY		
5 mins	A short video was played highlighting the work of the Audiology Team.		
18/016	COMMUNICATIONS TO WIDER ORGANISATION		
2 mins	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Staff story • Audiology team • Equality and Diversity Annual Report • Acknowledge balanced start to the year • Importance of infection prevention and control • Recovery programme • Acknowledge work of trainees • Progress in relation to maternity 		
18/017	ANY OTHER BUSINESS		
	No other business was raised.		
18/018	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 1st July 2021 via video conference at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 11:55.</p>		
18/019	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p>Chair Date</p>		

18/020	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	No questions were raised.		
18/021	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>		