

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 2nd September 2021 via video conference

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Neal Gossage	Non-Executive Director	NG
	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
	Julie Hogg	Chief Nurse	JH
	Emma Challans	Director of Culture and Improvement	EC
	David Selwyn	Medical Director	DS
	Clare Teeney	Director of People	CT
	Lorna Branton	Director of Communications	LB
Simon Barton	Chief Operating Officer	SB	
In Attendance:	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	DH
	Charlotte McIntyre	Producer for MS Teams Public Broadcast	CM
	Becky Cassidy	Deputy Director of Corporate Affairs	BC
	Richard Mills	Deputy Chief Financial Officer	RMil
	Martin Cooper	Guardian of Safe Working	MC
	Becky Loveridge	Head of Occupational Health	BL
	Debbie Kearsley	Head of Operational HR	DK
Observer:	Philip Marsh	Public Governor	
	Claire Page	360 Assurance	
	Dylan Wood	360 Assurance	
Apologies:	Tim Reddish	Non-Executive Director	TR
	Manjeet Gill	Non-Executive Director	MG

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
18/115	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 regarding 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>		
18/116	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda		
18/117	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Tim Reddish, Non-Executive Director, and Manjeet Gill, Non-Executive Director.		
18/118	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting held on 5 th August 2021, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/119	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 18/088.1 and 18/092 were complete and could be removed from the action tracker.		
18/120	CHAIR'S REPORT		
1 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.</p> <p>The Board of Directors were ASSURED by the report.</p>		
18/121	CHIEF EXECUTIVE'S REPORT		
11 mins	<p>RM presented the report, advising cases of Covid remain in the organisation and across the community. It is important people continue to take personal responsibility to ensure their own safety and that of patients and colleagues.</p> <p>RM advised this is his last Board of Directors meeting prior to leaving the Trust. RM expressed thanks for the support he has received during his time at SFHFT and advised he is proud of the care provided to patients and the way the Trust looks after colleagues.</p>		

<p>6 mins</p>	<p>SB advised there are currently 40 Covid positive inpatients, 9 of whom are in ITU. Critical care are currently in surge, with a total of 15 patients in ITU, compared to a baseline capacity of 9. In addition, the respiratory assessment unit is in surge, but is coping well.</p> <p>The Covid rate in the community is consistently high and is double the rate seen in previous surges. However, the number of admissions is half of what has been seen previously. Patients being admitted are younger and there are varying levels of vaccination. Workforce loss has been an issue over the summer with regards to Covid isolation, compounded by normal levels of sickness and annual leave. There has been some easing of this due to national isolation risk assessment guidance which has been adopted within SFHFT. This allows some colleagues to return to work if a number of criteria are met.</p> <p>AH queried the scale of the virtual ward and what support this is providing. SB advised there are currently only a few patients on the virtual ward and this is set up for Covid patients. The plan within H2 is to significantly expand the virtual ward in line with national guidance and reporting. The plan is to have 24 patients on the virtual ward at any one time. This is in partnership with primary care colleagues.</p> <p>CW expressed thanks to RM on behalf of the Board of Directors for his work during his time with SFHFT.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Covid Vaccination Update</p> <p>CT presented the report, highlighting the number of vaccines administered at the Hospital Hub and planning for Phase 3. CT advised from November 2021 it will be mandated that people working in care homes will need to have the Covid vaccination. This will also apply to staff who may work into care homes. The Trust is currently working through the circa 198 colleagues who may fall into this category to ensure vaccines are offered and prioritised to those staff.</p> <p>NG queried what the latest advice is from the Joint Committee on Vaccination and Immunisation (JCVI) regarding a booster programme and if and when this programme will start. CT advised the final specification and guidance is awaited. It is anticipated it will be a one jab booster but it is not clear if this will be the same or different vaccine to the initial doses. The programme is due to commence at the end of September 2021.</p> <p>DS advised the Covid booster study is providing data on vaccination and efficacy. The data from this study is still being interpreted and work is due to be completed in September 2021.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>18/122</p>	<p>STRATEGIC OBJECTIVES UPDATE</p>		
<p>5 mins</p>	<p>EC presented the report, advising the objectives and priorities outlined in the paper for H2 are aligned to the Trust's overarching Strategic Objectives.</p>		

	<p>EC outlined the engagement undertaken and the governance arrangements for monitoring progress and success against each of the priorities.</p> <p>The Board of Directors were ASSURED by the report.</p>		
18/123	STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE		
7 mins	<p><u>Maternity Update</u></p> <p>Safety Champions update</p> <p>JH presented the report, highlighting bookings on Continuity of Carer pathway, Board Safety Champions walkarounds, virtual maternity forum and the Maternity Assurance Programme.</p> <p>BB noted feedback had been received from the Midlands Maternity Clinical Network (MCN) and the CCG in relation to an action plan for achieving compliance in two areas and queried the implications of this.</p> <p>JH advised this relates to scanning protocols. There were some derogations from the national protocol which now need to be implemented. Additional measurements need to be done during antenatal scanning. The Trust's sonographers are trained but the duration of the scan will need to be longer. The team have put a plan in place and have appropriate referral pathways if abnormalities are found.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Maternity Perinatal Quality Surveillance</p> <p>JH presented the report, highlighting the reduction in obstetric haemorrhages and the improvement in the Friends and Family Test (FFT). The Apgar score remains amber and there were two temporary closures during July 2021.</p> <p>AH queried the position in relation to emergency and elective caesarean section rates. JH advised the caesarean section rates consistently equal 30% for elective and emergency. There is a concern if this is too low and it has been agreed to add this information to the Perinatal Surveillance scorecard.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/124	STRATEGIC PRIORITY 2 – TO PROMOTE AND SUPPORT HEALTH AND WELLBEING		
9 mins	<p>2021/2022 Flu Vaccination Programme</p> <p>CT presented the report, advising this outlines the Trust's approach to delivering the annual flu vaccination programme. The aim is to offer the vaccine to 100% of front line workers, with an expectation the Trust will achieve the target of 85% vaccination rate.</p> <p>CW queried how the flu vaccination programme will fit with the Covid booster vaccination programme.</p>		

<p>18 mins</p>	<p>CT advised further guidance regarding the administration of both vaccines is awaited. It is likely there will be co-promotion of uptake of the vaccines, rather than co-delivery. While the final specification is not yet clear, the Trust is confident there will be a good offer for both vaccinations for all colleagues. There is a need to remain agile and adjust to any changes in the guidance once both programmes commence.</p> <p>CW sought assurance there will be sufficient staffing resources to deliver both the flu and Covid vaccination programmes. CT advised the flu vaccination is mainly delivered through Occupational Health and peer vaccinators. The Covid vaccine will be delivered through the Hospital Hub.</p> <p>AH queried what the community response is to the flu vaccination programme. CT advised the flu vaccination programme will be delivered across the system and will mainly be delivered by GPs, pharmacies, Primary Care Networks, etc. The Trust will not be playing any wider role in terms of hospital delivery of the flu vaccine, other than for some specific patient groups.</p> <p>DS advised there are some groups of inpatients who will be vaccinated while they are in hospital. There is a move to put flu vaccinations on a national data capture system. This will increase visibility of staff who receive the vaccination elsewhere.</p> <p>CT advised work has been undertaken looking at lessons learnt, particularly from Covid vaccinations, which can be taken forward into the flu vaccination programme across the system.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Guardian of Safe Working</p> <p>MC joined the meeting</p> <p>MC presented the report, highlighting the exception reports, noting there was only one categorised as an Immediate Safety Concern and the majority of reports came from the Medicine Division. MC highlighted the lack of response from educational supervisors and the plans to address this. Foundation Year 1 doctors and clinical fellows have moved onto an out of hours rota to cover weekends and nights and there has been a change to rotas for senior clinical fellows and Tier 2 doctors to boost the shadow medical registrar rota. MC outlined his priorities as Guardian of Safe Working for the coming months.</p> <p>The Board of Directors were ASSURED by the report</p> <p>MC left the meeting</p>		
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18/125	STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE		
10 mins	<p>Workforce Race Equality Standard Report (WRES) and Workforce Disability Equality Standard Report (WDES)</p> <p>CT presented the report, advising the key indicators detail the progress made and areas where further work is required. The report details the plan and responses based on the metrics for this year. The actions in the report form part of the wider Equality, Diversity and Inclusion strategy which is overseen by the People, Culture and Improvement Committee.</p> <p>GW felt it would be useful for future reports to detail the aspirations and targets in key areas as this will enable progress towards the targets to be measured. CT advised the Trust is in discussion with colleagues across the system and learning from other networks in other organisations.</p> <p>BB noted disability declaration rates are low and queried what plans are in place to improve this. CT acknowledged this is a difficult issue. Work is planned to promote declaration and to utilise other conversations to encourage colleagues to record the information, for example, through Occupational Health. People with long term conditions do not always appreciate they are able to record themselves as having a disability and there is work to do in terms of wider education in this regard. The Trust will enlist the support of the staff networks to help address this.</p> <p>BB felt there is a need for a longer view of trends, rather than comparison of one year to the next as this will provide a more general overview. CT noted it would also be useful to see how that relates more broadly in terms of other organisations. There is more work to do to fully understand the staff survey responses and some of that information is analysed in a slightly different way.</p> <p>JH advised she is the executive lead for the disability staff network and advised the Trust is committed to learn from other organisations to help the network gain momentum.</p> <p>DS sought clarification if the figures quoted in the WRES report for the number of consultants was correct. CT advised she would check the figures.</p> <p>Action</p> <ul style="list-style-type: none"> • Confirm if the number of consultants quoted in the WRES report is correct <p>The Board of Directors were ASSURED by the report and APPROVED the WRES and WDES reports for publication on the Trust website</p>	CT	07/10/21

18/126	STRATEGIC PRIORITY 5 – TO ACHIEVE BETTER VALUE		
12 mins	<p>Integrated Care Partnership (ICP) Strategic Objectives update</p> <p>RM presented the report, highlighting the five ICP objectives and ten breakthrough objectives. There was a detailed discussion when this report was presented to the ICP Board.</p> <p>RM advised Hayley Barsby, CEO at Mansfield District Council, will succeed him as the executive lead for the ICP. Nationally the term ICP will change to Place Based Partnerships (PBP). Given the likelihood of a statutory change in terms of Integrated Care Systems (ICS) going through Parliament and being legally in force from April 2022, PBPs will evolve to have greater accountability, including for elements of NHS finance.</p> <p>BB felt it would be useful for future reports to highlight the objectives / areas of work which the Trust has a specific role in pursuing, or contribution to make, to help understand where the Trust can add value. PR advised discussions are ongoing regarding the contribution SFHFT can make. Where the ICP objectives and those of the Trust are common, the Trust will work with the ICP in order to achieve them.</p> <p>GW felt understanding the elements the Trust can influence, work on and develop would be helpful. There is a need to understand the aims and show the effectiveness of some of the actions as this will help demonstrate the impact of any changes.</p> <p>RM advised the Trust is working in four areas, namely the statutory duty to provide safe care to patients, ICP, provider collaboratives and ICS. There is a need to determine how much time is apportioned to each of those areas.</p> <p>CW noted Bassetlaw will become the fourth ICP in Nottinghamshire and queried how relationships across the border will work on behalf of patients. RM advised there are working relationships with Bassetlaw at an ICP level and there will be some patients who are jointly under the care of SFHFT and Doncaster and Bassetlaw. While the relationship with Doncaster and Bassetlaw is not as strong as some other organisations, the Trust will look to explore this and build relationships.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/127	STAFF STORY – THE OCCUPATIONAL HEALTH STORY DURING THE COVID-19 PANDEMIC		
26 mins	<p>BL and DK joined the meeting</p> <p>BL and DK presented the staff story, which highlighted the work of the Occupational Health Team, particularly through the Covid pandemic.</p> <p>AH queried if there was anything further the Board of Directors could do to support the Occupational Health Team.</p>		

	<p>BL advised the team feels well supported by other areas of the Trust and members of the team support each other. The organisation values the work of Occupational Health. BL advised she would like the service to be viewed as a clinical service. The profile of Occupational Health is high and the pandemic has served to highlight the essential work of the team.</p> <p>BL and DK left the meeting</p>		
18/128	SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT		
39 mins	<p>PEOPLE AND CULTURE</p> <p>EC highlighted the quarterly staff survey, Fitness for All Challenge, civility learning and sharing event and health and wellbeing support for colleagues.</p> <p>CT highlighted workforce capacity, psychological support for colleagues and evaluation of health and wellbeing provision.</p> <p>NG noted the overall absence rate has increased from 4.9% to 6.3% and queried what this means in terms of the number of staff who are off and the cost implications for backfill with bank, agency or locum staff. CT advised she did not have all the figures to hand, but this will be reported to the People, Culture and Improvement Committee for further work. There has been an increase in agency usage and, therefore, costs will have increased. Looking forward, this situation is likely to continue. The details will be monitored through the Committee. There is some concern about the longevity of the health impacts of the pandemic on colleagues, with limited time for people to recover.</p> <p>Action</p> <ul style="list-style-type: none"> Number of staff who are absent from work and the cost implications of backfilling posts to be reported to the People, Culture and Improvement Committee <p>AH noted the Trust provided support to the system last Winter through the system bank. In other systems, there is discussion in relation to a move from care homes into the NHS for some workers. AH queried if this is evident in Nottinghamshire and what the position is likely to be in terms of care home worker deficit for the coming Winter.</p> <p>CT advised workforce capacity is not isolated to one organisation. The Trust provided some limited support into care homes last Winter and this will be repeated this year through the bank, whilst ensuring the Trust's own services are prioritised.</p> <p>QUALITY CARE</p> <p>JH highlighted Clostridium difficile (C.diff), ED Friends and Family Test (FFT) and complaints</p> <p>DS highlighted venous thromboembolism (VTE) risk assessments and cardiac arrest rate.</p>	CT	04/11/21

	<p>CW noted the increase in C.diff infection rate and sought clarification regarding the cause of this. It was noted antimicrobial pharmacists have been re-assigned to antimicrobial duties. CW queried if they had previously been taken away from this work due to the Covid vaccination programme.</p> <p>JH advised a lot of pharmacists were redeployed to the Covid vaccination programme but have now been reinstated in their roles and the audit programme is restarting. In addition, the Regional Antimicrobial Pharmacist is undertaking some work looking at community antimicrobial usage. 73% of patients who have acquired C.diff or have associated C.diff, had two or more doses of antibiotics and 72% had had an admission in the prior 4 weeks. This indicates they are complex patients. Antimicrobial usage within Nottinghamshire is one of the lowest in the country. An update regarding C.diff will be provided to the Quality Committee in September.</p> <p>Action</p> <ul style="list-style-type: none"> • Update regarding C.diff to be provided to Quality Committee <p>CW noted the Trust has purchased additional Ultraviolet (UV) and Hydrogen Peroxide Vapour (HPV) machines and sought clarification if this is sufficient resource or if any additional resources are required. JH advised the additional equipment is across all three hospital sites. There was a terminal failure with one of the HPV machines which led to them all being decommissioned due to a manufacturing risk. This led to a reliance on a small number of UV machines. The new equipment is now on site and staff have been trained in its usage. There is a good reporting system in place from the Estates and Facilities Team who are monitoring infection rates on their dashboard. This is triangulated with staffing numbers, number of cleans, etc. This will provide a different viewpoint.</p> <p>DS advised it is easy to say antimicrobial stewardship is related to pharmacy, but there is a huge component which clinical teams need to be tasked with. This work is usually led by one of the microbiology consultants, but the microbiology service has been under significant pressure. There is a need to give them the ability to reinvigorate antimicrobial stewardship and to task divisions to complete and utilise audits.</p> <p>CW queried if the complaints in relation to clinical care and treatment are focussed on a particular division or speciality. JH advised the majority of complaints relate to the Medicine Division. However, if this is considered per 1,000 bed days, they perform well. Surgery Division is a slight outlier and they have been asked for more information in relation to their learning from complaints. Women and Childrens Division are also an outlier. They are undertaking some work through the Nursing, Midwifery and AHP Committee, which can be shared through the Quality Committee when further details are available.</p>	<p>JH</p>	<p>07/10/21</p>
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	<p>TIMELY CARE</p> <p>SB advised overall the organisation is under pressure with high demand and complexity levels. Additional capacity has been introduced where possible and the Trust is performing relatively well compared to others. There has been a high level of demand in ED and the department has been affected by workforce supply. In addition, SFHFT has provided support with ambulance divers from NUH.</p> <p>In terms of cancer, the backlog is not reducing in line with the trajectory and there has been increased demand in Q1. The position in relation to the cancer backlog will be re-forecast, based on the levels of demand being seen. The Trust continues to perform well on the faster diagnosis standard and the Trust's position nationally is improving.</p> <p>CW queried what impact the additional diagnostic resources is having. SB advised this is difficult to quantify, but without the additional resources the position would be worse. The additional CT capacity has helped, but there is more work to do in relation to CT colon capacity. The Trust continues to try to build capacity to treat patients in as timely manner as possible.</p> <p>AH queried if there was any added pressure from the lung screening programme. SB advised there has not been any material increase in referrals for lung cancer but this will be continually monitored. The majority of the growth is in gastrointestinal (GI).</p> <p>SB advised elective activity remains stable at 96% of 2019/2020 activity. This has been helped by the accelerator programme.</p> <p>BEST VALUE CARE</p> <p>PR outlined the Trust's financial position at the end of Month 4.</p> <p>EC provided an update on the Trust's Financial Improvement Plan (FIP) at the end of Month 4.</p> <p>The Board of Directors CONSIDERED the report.</p>		
<p>18/129</p>	<p>COMMITTEE TERMS OF REFERENCE</p>		
<p>1 mins</p>	<p>SH presented the report, advising following approval of the Quality Committee Terms of Reference (ToR) in August 2021, it was agreed that the remaining Board sub committees' ToR be amended to reflect the same quoracy requirements.</p> <p>The Board of Directors APPROVED the revised Terms of Reference for the Audit and Assurance Committee, Finance Committee and People, Culture and Improvement Committee</p>		
<p>18/130</p>	<p>OUTSTANDING SERVICE – HSJ PARTNERSHIP AWARD FINALISTS – TWO OF SHERWOOD'S ANCHOR INSTITUTION PROJECTS</p>		
<p>9 mins</p>	<p>A short video was played highlighting the work of the Climate Action Project Team and Proud2bOps.</p>		

18/131	COMMUNICATIONS TO WIDER ORGANISATION		
1 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Teams shortlisted for HSJ awards • Flu vaccination programme • Occupational Health Team • Guardian of Safe Working • Strategic Priorities for H2 • Encourage colleagues to update ESR record 		
18/132	ANY OTHER BUSINESS		
	No other business was raised.		
18/133	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 7th October 2021 via video conference at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 11:50.</p>		
18/134	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>		

18/135	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	No questions were raised.		
18/136	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>		