

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 09:00 on Thursday 7<sup>th</sup> October 2021 via video conference

<b>Present:</b>	Claire Ward	Chair	CW
	Tim Reddish	Non-Executive Director	TR
	Manjeet Gill	Non-Executive Director	MG
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Richard Mills	Chief Financial Officer	RM
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Julie Hogg	Chief Nurse	JH
	Emma Challans	Director of Culture and Improvement	EC
	Clare Teeney	Director of People	CT
Simon Barton	Chief Operating Officer	SB	
<b>In Attendance:</b>	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	DH
	Zahid Noor	Associate Medical Director	ZN
	Becky Cassidy	Deputy Director of Corporate Affairs	BC
	Terri-Ann Sewell	Research Operations Manager	TS
	Diane Wray	Quality Governance Advisor	DW
<b>Observer:</b>	Rachel Bates	Corporate PA	
	Robin Binks	Deputy Chief Nurse	
	Chelsi Wightman		
<b>Apologies:</b>	Neal Gossage	Non-Executive Director	NG
	David Selwyn	Medical Director	DS
	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
<b>18/151</b>	<b>WELCOME</b>		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>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&amp;A function. All participants confirmed they were able to hear each other.</p>		
<b>18/152</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest pertaining to any items on the agenda		
<b>18/153</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	<p>Apologies were received from Neal Gossage, Non-Executive Director, David Selwyn, Medical Director, and Lorna Branton, Director of Communications.</p> <p>It was noted Zahid Noor, Associate Medical Director, was attending the meeting in place of David Selwyn.</p>		
<b>18/154</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors meeting held on 2 <sup>nd</sup> September 2021, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>18/155</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that actions 18/088.2, 18/125 and 18/128.2 were complete and could be removed from the action tracker.		
<b>18/156</b>	<b>CHAIR'S REPORT</b>		
4 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 advised Richard Mitchell, Chief Executive, has now left the Trust. Paul Robinson has taken up the role of Interim Chief Executive and Richard Mills has taken up the role of Interim Chief Financial Officer until such time as a substantive Chief Executive is appointed. Tim Reddish, Non-Executive Director, will be leaving the Trust at the end of October 2021. The Trust is in the process of recruiting two new non-executive directors.</p> <p>The Board of Directors were ASSURED by the report.</p>		



	<p><b>Maternity Perinatal Quality Surveillance</b></p> <p>JH presented the report, highlighting the major obstetric haemorrhage rate and Friends and Family Test. There was one CQC enquiry in month and no maternity unit closures. JH advised following feedback from the Board of Directors, spontaneous birth rate has been added to the report.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p><b>18/159</b></p>	<p><b>STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE</b></p>		
<p>18 mins</p>	<p><b>Strategic Workforce Plan</b></p> <p>CT presented the report, advising the report outlines the work undertaken in relation to strategic workforce planning and sets out the methodology and modelling used. The report indicates some known gaps and there is more work to do, particularly in relation to medical workforce. Progress on this work will be reviewed on a 6 monthly basis and will be reported through the People, Culture and Improvement Committee.</p> <p>BB noted the identified potential gap of over 400 whole time equivalents (WTE) and queried what work is ongoing to bring new people into the workforce, for example, physician associate roles, which might be taken up by people who have a science background.</p> <p>CT advised the Trust is engaged with local universities, particularly in Nottingham, in relation to supporting curriculum development and what that means in terms of entry into jobs. The Trust is exploring ways of attracting people who may not have thought about working in a healthcare setting. The Trust is nurturing people working in the vaccination hub who previously had not worked in a healthcare setting. People are joining the Trust at entry level and the Trust is a host for the Care for Notts programme, which is a work experience and apprenticeship programme. SFHFT is working directly into schools and colleges and has sponsored a number of direct apprenticeships for nursing and nurse associates. In addition, there are a lot of career opportunities in non-clinical settings. There is a need to take the opportunity to encourage people from underrepresented communities as part of the wider health inequalities work.</p> <p>PR felt there needs to be triangulation between capacity, finance and workforce planning. SB felt people need to start at university now, so they are ready to join the workforce in 4 years' time.</p> <p>CW advised she had recently met with West Notts College as part of their association with Nottingham Trent University and they are keen to work with the Trust. Part of the discussion related to deepening the relationship in terms of planning for additional courses.</p> <p>CT advised the universities recognise the opportunities for them. There is more work to do and more creative thinking about other qualifications people are already undertaking and how, when they graduate, they could work in roles which they might not have considered when they started their course.</p>		

	<p>AH sought an update on the work being undertaken at a system level in terms of workforce supply. CT advised an ICS Board development session is scheduled for 7<sup>th</sup> October 2021 looking at workforce and how to reach a position where it is possible to triangulate finance, quality and workforce capability and capacity. There are proposals being put forward about a way to operate at a system level.</p> <p>MG queried what interventions and mitigations are in place in relation to retention at the Trust and at a system level. CT advised turnover rates are good from a Trust perspective. More broadly there are concerns across the NHS in relation to the level of fatigue and levels of moral. There are concerns about people leaving and taking early retirement. This is something the Trust is conscious of and steps are being taken to try to mitigate this. One area which can be improved is to support people who want a change so they can continue to work in some capacity. There is a system opportunity to retain skills. This can be discussed further as part of the discussions about the workforce plan at the People, Culture and Improvement Committee.</p> <p>JH advised the Trust is starting to establish good relationships with Nottingham Trent University. There are registered nurse apprentices who have started with them who may not have been able to do the course without it being offered in Mansfield, as they wished to remain local. There is a strong pipeline for the future. 40 trainee nurse associates are in the pipeline and midwifery is also under consideration. In terms of retention, the Pathway to Excellence Programme relates to creating the right practice conditions for nurses and midwives to flourish. This will be a key part of the retention programme.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/160	<b>STRATEGIC PRIORITY 4 – TO CONTINUOUSLY LEARN AND IMPROVE</b>		
15 mins	<p><b>Research Strategy – quarterly update</b></p> <p>TS joined the meeting</p> <p>TS presented the report, highlighting the successful re-opening of portfolio studies which were closed due to Covid, patient experience responses, research priorities and Covid research. TS advised the research target has been set at 1,200, which is less than previous years due to instability created by Covid.</p> <p>JH advised space has been secured for clinical research facilities and the team are currently working through the works which are required to convert the space into clinical space. The Trust is committed to establishing a centre which will support Nursing, Midwifery and Allied Health Professional (AHP) led research in the future.</p> <p>AH felt it would be useful to establish how the population in mid-Nottinghamshire compares to the national benchmark in terms of access to trials.</p> <p>MG queried how the Trust works at a system level to get more value from research.</p>		

	<p>PR advised research has not yet featured in discussions in relation to provider collaboratives, but the Trust is extending its reach into primary care. The Trust is starting to consider its research capability and is looking to expand into Place based initiatives.</p> <p>The Board of Directors were ASSURED by the report</p> <p>TS left the meeting</p>		
<b>18/161</b>	<b>PATIENT STORY – REFLECTIONS OF A NEVER EVENT – A PATIENT’S STORY</b>		
18 mins	<p>DW joined the meeting</p> <p>DW presented the Patient Story which was a reflection on a never event and the lessons learnt from it.</p> <p>CW acknowledged the doctor’s honest reflections of the event. PR advised he appreciates the doctor’s openness and transparency. The Trust is open and honest about incidents, noting it is important to learn from incidents as a Trust, not just on an individual level. TR noted the importance of ‘brilliant basics’.</p> <p>DW left the meeting</p>		
<b>18/162</b>	<b>SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT</b>		
34 mins	<p><b>PEOPLE AND CULTURE</b></p> <p>EC highlighted the quarterly staff survey results, the national annual staff survey and the vision for continuous improvement. It was acknowledged colleagues are feeling fatigued.</p> <p>MG felt it would be useful to discuss leadership and role modelling of behaviours in more detail through the People, Culture and Improvement Committee. EC advised a focussed assurance report in relation to leadership, the development of leaders and the current experience of colleagues from leaders and line managers is scheduled to be presented to the People, Culture and Improvement Committee in January 2022.</p> <p>CT highlighted appraisal, mandatory training and support for colleagues’ health and wellbeing. CT advised sickness absence levels are slightly higher than expected for the time of year, with capacity further compounded by staff taking annual leave.</p> <p><b>QUALITY CARE</b></p> <p>JH highlighted falls, Clostridium difficile (C.diff), venous thromboembolism (VTE) risk assessments, complaints and cardiac arrest rate.</p>		

	<p>JH advised the ED Friends and Family recommendation rate has consistently been below the threshold set. It was noted the national recommendation rate is significantly lower than the Trust's threshold. Following discussion by the Nursing Midwifery and AHP Committee and Quality Committee it was recommended to the Board of Directors the threshold be lowered to 90%, noting this would still provide a stretch target as the national average is 78%.</p> <p>The Board of Directors APPROVED lowering the threshold for the ED Friends and Family Recommendation rate to 90%</p> <p>BB confirmed falls and the C.diff improvement plan were discussed at length by the Quality Committee, who were assured by the work which is underway.</p> <p>AH queried if the number of controlled falls, where a patient is lowered to the floor, can be identified in the data. JH advised the team are currently looking at how this information can be identified and both metrics reported.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Ways of identifying controlled falls to be established and data reported in future SOF reports</b></li> </ul> <p><b>TIMELY CARE</b></p> <p>SB advised the ED 4 hour wait in August was 86%, ranking SFHFT fifth in the NHS. The Trust's ambulance turnaround times are the best in the East Midlands Ambulance Service (EMAS) area. The level of demand remains high in ED and PC24 and there are delays in getting patients into home care. The ED expansion works have been handed over from an estates perspective and paediatric ED has been re-instated. SB advised September has been a difficult month and a deep dive has been requested from the Urgent and Emergency Care division to establish the reasons for this.</p> <p>BB noted the increasing emphasis on inequalities and queried if the data has been cut to look at the inequalities dimension. SB advised this has not happened but some of that work has been done with waiting lists as that has been identified as a priority area. Within the planning guidance for H2, there is a requirement to report some of this data by deprivation and ethnicity.</p> <p>SB advised in terms of cancer care, the average wait for treatment is 60 days and acknowledged the backlog is not on the original trajectory. SB advised the diagnostic pathway has been challenged and NUH's ability to operate and provide oncology has been an issue. However, the two trusts work well as a system to try to mitigate these issues. Nottinghamshire is one cancer service and SFHFT did some work to identify where support could be provided to NUH to ensure patients are getting timely chemotherapy.</p>	<p>JH</p>	<p>04/11/21</p>
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	<p>There continues to be a high level of demand, which is not necessarily leading to a greater number of cancer diagnosis. There is a need for a discussion with NUH, SFHFT and primary care to establish a plan in relation to cancer demand. Average waits remain stable and the Trust continues to review patients in the backlog in terms of safety.</p> <p><b>BEST VALUE CARE</b></p> <p>RM outlined the Trust's financial position at the end of Month 5.</p> <p>EC provided an update on the Trust's Financial Improvement Plan (FIP) at the end of Month 5.</p> <p>CW noted capital expenditure is lower than planned, partly due to delays on some projects and queried when this would be back on track. RM advised there have been unforeseen delays in some estates works for large scale projects. Ben Widdowson, Associate Director of Estates and Facilities, is working closely with the PFI provider to expedite the works. The Trust is working towards capital expenditure being back on track by year end. Delays at Mansfield Community Hospital have been accounted for within the H2 planning and there are alternative plans in place for that capacity over the Winter period. GW confirmed the Trust is working with the PFI provider at a senior level to find a 'smoother' way of working together.</p> <p>The Board of Directors CONSIDERED the report.</p>		
<p><b>18/163</b></p>	<p><b>TEMPORARY REDUCTION IN HOME BIRTHS</b></p>		
<p>5 mins</p>	<p>JH presented the report, advising Board of Directors' approval is sought for a temporary overnight suspension of the Home Birth Service for a period of three months. JH outlined the reasons for the request and confirmed a service would continue to be provided in the daytime. All women who are booked for a home birth will be contacted and individualised plans will be developed for them. JH outlined the actions being taken to address the issue.</p> <p>JH advised the Trust has support from the CCG and Regional Chief Midwife to make the changes. An update regarding recruitment to the vacancies in the community midwife service will be provided to the Board of Directors in December.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Update on progress of recruitment to vacancies in the community midwifery service to be provided to the Board of Directors in December 2021</b></li> </ul> <p>TR noted some women may need to be transferred to the hospital if they are likely to be in labour into the night and sought clarification regarding the risks associated with this. JH advised there is a risk the baby may be delivered en-route, which is not the birth experience the Trust would want for women. If a woman was in advanced labour they would not be moved, but if it is likely the midwives would be out for the night, the transfer would need to be made. The issue relates to experience rather than safety.</p>	<p>JH</p>	<p>02/12/21</p>



	<p>CW sought clarification as to why the recommendation is for an overnight suspension of home births, rather than all home births, querying if this would be a safer option. JH advised there are no safety risks and the Trust has a duty to offer women a choice where possible. The Trust can provide the service in the day and the aim is to facilitate choice while balancing the risk of not being able to provide the service 24/7. Some women may choose not to have a home birth on the basis they may get transferred to the hospital.</p> <p>The Board of Directors APPROVED a temporary overnight suspension of the Home Birth Service for a period of three months.</p>		
<b>18/164</b>	<b>EMERGENCY PREPAREDNESS (EPRR) CORE STANDARDS SELF-ASSESSMENT</b>		
3 mins	<p>SB presented the report, advising annually the Trust must submit a self-assessment of its Emergency Preparedness, Resilience and Response (EPRR) arrangement to NHS England (NHSE). The Trust is currently fully compliant with 47 of the 49 standards. The two standards where the Trust is not currently compliant relate to Chemical, Biological, Radiological and Nuclear (CBRN). There is a plan in place for these areas to be complete by the end of October 2021. When the Trust is visited by NHSE, the expectation is for the Trust to be rated as substantially compliant.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>18/165</b>	<b>ASSURANCE FROM SUB COMMITTEES</b>		
9 mins	<p><b>Audit and Assurance Committee</b></p> <p>GW presented the report, highlighting internal audit, procurement and register of interests.</p> <p><b>Finance Committee</b></p> <p>GW presented the report, highlighting Month 5 performance, costs associated with staffing shortage, FIP and Board Assurance Framework and advised an expression of interest has been submitted for the new hospital scheme.</p> <p><b>Quality Committee</b></p> <p>BB presented the report, highlighting C.diff improvement plan, falls deep dive and improvement trajectory, Nursing, Midwifery and AHP Strategy, End of Life Care annual report and Covid harms report.</p> <p>The Board of Directors were ASSURED by the reports</p>		
<b>18/166</b>	<b>OUTSTANDING SERVICE – MOBILE ENDOSCOPY CLINIC AND CT SCANNER</b>		
6 mins	<p>A short video was played highlighting the new mobile endoscopy clinic and CT scanner.</p>		

<b>18/167</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
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"> <li>• Appointment of CW as Chair, PR as Interim Chief Executive and RM as Interim Chief Financial Officer</li> <li>• Recognition staff are under pressure</li> <li>• Strategic Workforce Plan</li> <li>• Research Strategy update</li> <li>• Patient Story</li> <li>• Temporary suspension of overnight home births</li> <li>• Additional CT and endoscopy facilities</li> </ul>		
<b>18/168</b>	<b>ANY OTHER BUSINESS</b>		
	No other business was raised.		
<b>18/169</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 4<sup>th</sup> November 2021 via video conference at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 11:30</p>		
<b>18/170</b>	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p><b>Chair</b> <span style="float: right;"><b>Date</b></span></p>		

18/171	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
2 mins	<p>One question was received from a member of the public:</p> <p>On the Workforce Plan, will you also be working with local schools to raise awareness and showcase the vast range of career opportunities which exist?</p> <p>CT advised the Trust works with schools through the Care for Notts programme. However, there is more work to do. Unfortunately, some of those opportunities for young people to access work experience were stood down during the pandemic. However, the Trust is now in a position to liaise with the schools again.</p>		
18/172	<b>BOARD OF DIRECTOR'S RESOLUTION</b>		
1 min	<p><b>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting</b></p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</p> <p>Directors AGREED the Board of Director's Resolution.</p>		