

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 6th January 2022 via video conference

Present:	Claire Ward	Chair	CW
	Manjeet Gill	Non-Executive Director	MG
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	StB
	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
	David Selwyn	Medical Director	DS
	Emma Challans	Director of Culture and Improvement	EC
	Simon Barton	Chief Operating Officer	SiB
Marcus Duffield	Associate Director of Communications	MD	
In Attendance:	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	DH
	Rob Simcox	Deputy Director of HR	RS
	Kathryn Nuttall	Matron for Gynaecology	KN
Observers:	Aly Rashid	Non-Executive Director (waiting to take up post)	
	Sue Holmes	Public Governor	
	Roz Norman	Staff Governor	
	Lyndsey Ball	PA to Medical Director	
	Claire Page	360 Assurance	
	Andrew Topping		
	Ian Frankcom		
	Julie Tasker		
Yolanda Martin			
Apologies:	Neal Gossage	Non-Executive Director	NG
	Clare Teeney	Director of People	CT

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
18/254	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>		
18/255	DECLARATIONS OF INTEREST		
1 min	StB declared his position as Non-Executive Director for Nottinghamshire Healthcare NHS Foundation Trust.		
18/256	APOLOGIES FOR ABSENCE		
1 min	<p>Apologies were received from Neal Gossage, Non-Executive Director, and Clare Teeney, Director of People.</p> <p>It was noted that Rob Simcox, Deputy Director of HR, was attending the meeting in place of Clare Teeney.</p>		
18/257	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors in Public held on 2 nd December 2021, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/258	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that action 18/194.1 was complete and could be removed from the action tracker.		
18/259	CHAIR'S REPORT		
3 mins	<p>CW advised Steve Banks and Aly Rashid have been appointed as Non-Executive Directors to the Trust, noting Steve Banks is already in post and Aly Rashid is due to start on 10th January 2022. Congratulations were expressed to staff members who were winners and finalists in the Trust's Staff Excellence Awards in November 2021. Congratulations were also expressed to the Trust's Climate Action Team and Proud2bOps Team who were finalists in the recent Health Service Journal (HSJ) Awards.</p> <p>CW acknowledged the work of the Trust's volunteers and expressed thanks to people who have made donations to the Trust's charity.</p>		

	<p>CW advised as the year progresses the Trust will continue to play a role in the development of the Integrated Care System. It was noted this was expected to be in place in April 2022, but has been delayed until July 2022.</p> <p>The Board of Directors ACKNOWLEDGED the update</p>		
18/260	CHIEF EXECUTIVE'S REPORT		
5 mins	<p>PR expressed thanks to all colleagues and volunteers who worked over the Christmas and New Year period, noting during this time the Trust experienced significant emergency demand, which led to unprecedented pressures on services and colleagues. As of 6th January 2022, the Trust was operating at 100% bed occupancy level, which includes surge capacity and Winter Plan capacity. It was noted the Respiratory Support Unit is open.</p> <p>The number of Covid positive inpatients doubled since Christmas Eve, noting as of 5th January 2022 there were 110 Covid positive inpatients within the Trust. Discharging patients has been a challenge as all partner organisations are at reduced capacity. The number of patients medically fit for discharge doubled over the Christmas period.</p> <p>Workforce loss has increased to 10.8%, 6% of which is Covid related. However, safe staffing levels have been maintained despite the pressures and challenges faced. There has been no increased demand for critical care beds and the Trust has maintained planned elective care and ambulance turnaround times. The difficult decision has been taken to restrict patient visiting in order to protect patients and the community.</p> <p>The Incident Control Team (ICT) are currently meeting daily to coordinate the Trust's response to the Omicron wave, the modelling of which predicts a short, sharp surge in mid to late January 2022. A formal report will be provided to the Board of Directors in February in relation to the preparations, decisions and responses which have been taken.</p> <p>Action</p> <ul style="list-style-type: none"> Report to be provided to the Board of Directors detailing the Trust's preparations and response to the Omicron wave <p>PR advised Nick Carver will be joining Nottingham University Hospitals (NUH) as Chair from 1st February 2022.</p> <p>The Board of Directors ACKNOWLEDGED the update</p>	PR	03/02/22
15 mins	<p><u>COVID-19 Vaccination Update</u></p> <p>RS advised December marked the one year anniversary of providing the Covid vaccine in the Hospital Hub, with over 193,000 vaccines administered via the Hub over the past year.</p>		

	<p>In response to the requirement to increase capacity across the system for citizens to receive the booster vaccination, in the latter part of December 2021 the number of available appointments at the Hub was increased to a maximum of 1,600 appointments per day. December 2021 was the second busiest month, with just over 20,000 vaccines administered at the Hub. Options for a permanent location for the Hospital Hub are being investigated.</p> <p>Nationally, from 1st April 2022, there will be a mandatory requirement for all healthcare workers who work in a healthcare setting which is a regulated CQC area of practice, to have received two doses of the Covid vaccine. To achieve the 1st April 2022 deadline, colleagues will need to have received their first dose by 3rd February 2022.</p> <p>The Trust is currently in a supportive phase in relation to this. A letter has been sent out to all colleagues where there is no record of them receiving the vaccine and person centred conversations are being held with them. Some themes and patterns are being established and data cleansing has taken place. Some vaccine hesitancy remains, particularly in colleagues of childbearing age. 96% of the workforce have received the second dose and 83% have had the booster. There is circa 200 people who are currently unvaccinated.</p> <p>AH queried if the booster vaccination rate among social care staff across the system is known, particularly in the care homes which service the Trust. RS advised work is being undertaken by the data cell within the system to produce a booster uptake dashboard. This will capture the data for both healthcare and social care colleagues.</p> <p>BB queried if the same cohort of people who are hesitant in terms of receiving the Covid vaccine are also hesitant about receiving the flu vaccination. RS advised there is no evidence to prove or disprove this but he felt there may be some correlation. The Trust is actively encouraging uptake of the flu vaccine, as this is lower than in previous years.</p> <p>BB sought clarification if the flu vaccine is mandatory. RS confirmed it is just the Covid vaccination which is mandatory.</p> <p>DS advised there is no data regarding cross-hesitancy between the Covid and flu vaccinations. To date there has not been a significant number of patients with flu.</p> <p>SiB felt it would be useful to provide an update from the Integrated Care System (ICS) to non-executives directors (NEDs) in relation to Covid vaccine update by social care colleagues.</p> <p>Action</p> <ul style="list-style-type: none"> • Update from the ICS to be provided to NEDs in relation to Covid vaccine uptake by social care colleagues 	<p>CT</p>	<p>03/02/22</p>
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	<p>DS advised it is recognised nationally and internationally Omicron produces relatively mild disease in the majority of people, but only if they have been vaccinated; it still produces significant disease in people who are unvaccinated.</p> <p>The Board of Directors ACKNOWLEDGED the update</p>		
18/261	STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE		
10 mins	<p><u>Maternity Update</u></p> <p><i>Safety Champions update</i></p> <p>JH presented the report, highlighting the Saving Babies Lives Care Bundle, Board Safety Champion walkaround and a case which has been accepted for investigation by the Healthcare Safety Investigation Branch (HSIB). It was noted the NHS Resolution (NHSR) outcome is still awaited.</p> <p>StB noted the health inequalities in maternity care and queried the Trust's position compared to other organisations. JH advised the Trust's data is different to the national picture. In 2020/2021 there were 20 cases of perinatal morbidity, 17 of those were in White British women and the remainder were from other White backgrounds. There were no deaths from the Black, Asian and minority ethnic (BAME) population. 50% of the women are unemployed, 60% are within the 25-29 age group and 30% were smokers. The Trust's Continuity of Carer Programme has targeted the local deprived areas and work is progressing with the BAME population.</p> <p>The Board of Directors were ASSURED by the report</p> <p><i>Maternity Perinatal Quality Surveillance</i></p> <p>JH presented the report, highlighting major obstetric haemorrhage, Apgar, Friends and Family Test and mandatory training for maternity.</p> <p>The Board of Directors were ASSURED by the report</p> <p><i>Continuity of Carer Plan</i></p> <p>JH presented the report, highlighting the six building blocks which need to be in place to develop Continuity of Carer, governance process and the vacancy rate.</p> <p>The Board of Directors APPROVED the Continuity of Carer action plan</p>		
18/262	PATIENT STORY – JACKIE'S STORY		
21 mins	<p>KN joined the meeting</p> <p>KN presented the Patient Story which highlighted the work of the gynaecology team in dealing with a patient with mental health issues.</p>		

	<p>CW felt the story was a superb example of the team approach and how different skills can help patients with very complex circumstances. GW noted the outstanding level of care in challenging circumstances.</p> <p>AH noted mental health issues have increased 20% compared to pre-pandemic and this is likely to increase. AH queried what lessons can be learned from this story as a system to prevent crisis. KN advised it would be useful at the 'front door' of the hospital to get the relevant information and history so patients can be moved out of busy areas into a safer, calmer space. Safeguarding teams are on hand to provide expert advice as necessary and duty nurse teams are also on hand to offer advice and support. Agility and adaptability are key to ensure patients are kept safe and cared for.</p> <p>MG queried if there was any further training and development for teams to assist in cases like the one described. KN advised there is more which could be done. Jackie was keen for her experience to be shared. It is important to share knowledge and open and honest communication is key. Patients are supported on a case by case basis and the community teams are excellent. JH advised a mental health review is being undertaken by Nottinghamshire Healthcare NHS Foundation Trust.</p> <p>PR felt the story is a good example of an holistic approach to provide patient centred care.</p> <p>KN left the meeting</p>		
<p>18/263</p>	<p>SINGLE OVERSIGHT FRAMEWORK (SOF) MONTHLY PERFORMANCE REPORT</p>		
<p>37 mins</p>	<p>PEOPLE AND CULTURE</p> <p>EC highlighted the Proud2bAdmin event held in November 2021, staff training, staff wellbeing and Staff Survey response rate.</p> <p>RS highlighted mandatory training and the slight decline in absence levels in November, noting this will increase for December. The flu vaccination rate is currently just over 75% for front line colleagues and 68% overall, which is less than last year.</p> <p>CW queried the reason for the flu vaccination rate being lower this year compared to last year. RS advised colleagues appear to be prioritising receiving the Covid vaccine over receiving the flu vaccine. Early in the flu vaccination campaign, people thought a break was required between the Covid and flu vaccinations. In addition, there has been an increase in people feeling unwell and testing positive for Covid. Receiving another vaccine in this scenario creates some hesitancy. The Trust is taking steps to make receiving the flu vaccine as easy as possible.</p> <p>DS advised another factor is the publicity and the push has related to the Covid vaccine rather than the flu vaccine and flu is not circulating in the community to any great extent currently.</p>		

PR sought clarification if the Trust is above the national average for flu vaccine uptake. RS confirmed this is the case. The Trust performs well regarding general uptake but there has been a national downturn in people coming forward for the flu vaccine.

QUALITY CARE

JH highlighted Clostridium difficile (C.diff) rate and ED Friends and Family Test (FFT).

MG queried if there was any further insight into why the ED FFT response rate is low and how SFHFT compares to other organisations. JH advised the national FFT rate is 15% lower than that of SFHFT. When there has been crowding in ED, particularly in Winter, the FFT rate does tend to reduce. It was acknowledged the restrictions in ED, in terms of family members or friends being unable to attend ED with the patient, is affecting communication. The Trust is doing well to maintain emergency access, but this is getting increasingly difficult.

DS highlighted the cardiac arrest rate.

TIMELY CARE

SiB advised the ED 4 hour wait in November was 84%, ranking SFHFT fifth in the NHS. All the Winter plan capacity is now open and was opened on time. The number of patients medically safe for discharge has risen over the past year from 5% of the bed-base to 15%. This is leading to pressure at the 'front door'. There is a system mitigation plan in place in terms of patients medically safe for discharge. Some extra capacity has opened, which relates to bedded capacity rather than at home capacity. However, as capacity opens, other capacity closes, largely due to Covid. Therefore, no real benefit is evident. However, there should be some improvement over time as we come through the Omicron wave. The Trust is in daily contact with partners in relation to patients who are medically safe for discharge and everything possible is being done to try to improve the situation.

The Trust's ambulance turnaround times are one of the best in the Midlands. The team in ED recognise the importance of getting ambulance crews back out on the road as quickly as possible.

Cancer services are operating as business as usual as far as possible and the same number of patients are being treated as in 2019. In October 2021, there were 500 more cancer referrals than in 2019. The Trust is keeping pace with this demand. However, it was recognised not all patients are seen within the 62 day standard. A process is in place to identify risk within the backlog of patients and bring them forward as necessary. The Trust is working closely with NUH in relation to this.

In October, the Trust achieved 104% activity compared to 2019 for elective care. Newark Hospital continues to operate as business as usual and there are rehabilitation services on that site. Operations continue at Newark Hospital, including elective orthopaedic patients. The Urgent Treatment Centre at Newark is open for business, albeit not overnight.

	<p>Rehabilitation beds have reopened at Mansfield Community Hospital as part of the Winter Plan.</p> <p>BEST VALUE CARE</p> <p>RM outlined the Trust's financial position at the end of Month 8.</p> <p>EC provided an update on the Trust's Financial Improvement Plan (FIP) at the end of Month 8.</p> <p>StB requested further information in relation to the Trust's cash position. RM advised the minimum cash balance under the previous regime was circa £1.45m. Pre-pandemic the Trust was routinely operating at a significant deficit and accessed cash support from NHSI and there are controls and processes in place in relation to this. Through the pandemic, cash has been brought forward but there have also been some difficulties and sensitivities. The forecast is kept under review and there are options in place should it become a risk.</p> <p>The Board of Directors CONSIDERED the report.</p>		
18/264	MEDICAL STAFFING BUSINESS CASE		
5 mins	<p>RM presented the report, advising the proposed investment will strengthen the medical workforce, strengthen services, reduce patient safety risks and improve the experience of the junior doctors at the Trust. It was noted the business case has previously been approved by the Executive Team and Finance Committee.</p> <p>DS advised while the business case relates to staffing in the Medical Division, it will feed into the wider workforce strategy going forward, particularly the medical aspects. The impact of additional people on the rotas has been instrumental in maintaining the Trust's ward based services during the current wave of the pandemic.</p> <p>The Board of Directors APPROVED the Medical Staffing Business Case</p>		
18/265	ASSURANCE FROM SUB COMMITTEES		
mins	<p>Finance Committee</p> <p>GW presented the report, highlighting Month 8 performance, Board Assurance Framework, ICS performance, procurement and limited assurance report in relation to FIP and Project Management Office (PMO).</p> <p>The Board of Directors were ASSURED by the report</p>		

18/266	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"> • Current situation within the Trust • Patient Story • Vaccinations (Covid and flu) • Thanks to colleagues for their work over Christmas and the New Year period and into January • Health and wellbeing support • Performance maintained in difficult circumstances 		
18/267	ANY OTHER BUSINESS		
	No other business was raised.		
18/268	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 3rd February 2022 via video conference at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 10:55</p>		
18/269	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>		

18/270	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
2 mins	No questions were raised.		
18/271	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>		