

**UN-CONFIRMED MINUTES** of the Board of Directors meeting held in Public at 09:00 on  
Thursday 3<sup>rd</sup> August 2023 in the Boardroom, King's Mill Hospital

<b>Present:</b>	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andrew Rose-Britton	Non-Executive Director	ARB
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Phil Bolton	Chief Nurse	PB
	Rob Simcox	Director of People	RS
	David Ainsworth	Director of Strategy and Partnerships	DA
	David Selwyn	Medical Director	DS
	Rachel Eddie	Chief Operating Officer	RE
	Richard Mills	Chief Financial Officer	RM
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
<b>In Attendance:</b>	Paula Shore	Director of Midwifery	PS
	Kerry Bosworth	Freedom to Speak Up (FTSU) Guardian	KB
	Caroline Robinson	Department Lead for Education, Operating Theatres	CR
	Kate Wright	Associate Chief AHP	KW
	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
<b>Observers:</b>	Claire Hinchley	Associate Director of Strategy and Improvement	
	John Dove	Public Governor	
	Debbie Kearsley	Deputy Director of People	
	Laura Keeling	Communications Officer	
	6 members of the public		
<b>Apologies:</b>	None		

Item No.	Item	Action	Date
<b>23/241</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>The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and any members of the public watching the live broadcast were able to submit questions via the live Q&amp;A function.</p>		
<b>23/242</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
<b>23/243</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	There were no apologies for absence.		
<b>23/244</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 6 <sup>th</sup> July 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>23/245</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	<p>The Board of Directors AGREED that actions 23/045, 23/217.1, 23/217.2, 23/218 and 23/219 were complete and could be removed from the action tracker.</p> <p>PR referenced the question raised by BB at the July meeting of the Board of Directors held in Public, in relation to the comments in the NHS Oversight Framework 2022-23, Quarter 4 segmentation letter from Amanda Sullivan, Chief Executive of Nottingham and Nottinghamshire Integrated Care Board (ICB), which detailed an action for the Trust "to be a key contributor to the wider system as an anchor institution". PR confirmed he had contacted Amanda Sullivan who has advised there is no suggestion SFHFT is not contributing well. This is a new area which the ICB is keen to embed and all partner organisations are being asked to contribute to this.</p>		
<b>23/246</b>	<b>CHAIR'S REPORT</b>		
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, advising the newly elected governors have now taken up their roles.</p> <p>The Board of Directors were ASSURED by the report.</p>		

23/247	<b>CHIEF EXECUTIVE'S REPORT</b>		
30 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting publication of the NHS Workforce Plan, delivery of parts of the modular theatre to Newark Hospital, partnership working, review of Board Assurance Framework (BAF) principal risks by the Risk Committee and the impact of industrial action.</p> <p>DS advised the next period of industrial action by junior doctors is scheduled to take place from 11<sup>th</sup> August 2023 to 15<sup>th</sup> August 2023. Planning for this is underway and the Trust has a robust and tested process which involves consultants and Specialty and Specialist (SAS) doctors staffing the rota which has been devised to keep patients safe and to ensure emergency and inpatient pathways can function. While planning for the next period of industrial action is at an early stage, the clinical chairs have raised concerns about their ability to staff the rotas which have been devised. Factors affecting this are the holiday period and 'strike fatigue'. It was noted that following a Court ruling, the Trust is no longer able to engage locum staff to cover periods of industrial action.</p> <p>DS advised consultants are taking industrial action from 24<sup>th</sup> August 2023 to 26<sup>th</sup> August 2023, which leads into the bank holiday weekend. DS expressed his concern about the ability to provide assurance in relation to the adequate safety of inpatients, but advised there are no such concerns about the emergency pathway. There was 33% support for the previous period of industrial action by consultants but it is uncertain what the level of support will be for the forthcoming period of action. The Trust has limited ability to mitigate the risk and this is causing concern.</p> <p>DS advised the Health Service Journal (HSJ) recently published an article regarding British Medical Association (BMA) rate cards. In common with other local organisations, and following discussions with ICB partners, the Trust matched its escalated rates of pay to those of Nottinghamshire Healthcare Trust and Nottingham University Hospitals (NUH). This is a locally agreed escalated industrial action rate card, which does come at a significant cost. RM advised the direct financial impact for the Trust of the two periods of industrial action in Quarter 1 (Q1) was £600k. It has not been possible to cost up the indirect costs.</p> <p>SB sought assurance there are clear actions which need to be taken to ensure safe care during the forthcoming periods of industrial action and queried if contingencies have been mapped so it is known what action needs to be taken and at what stage.</p> <p>DS advised planning for the forthcoming action is in the early stages. In terms of action by the junior doctors, the Trust has a good understanding of the process. The Divisions are currently working on filling the rotas. However, there will be an impact on patients and planned care work. There are no derogations currently stated from the BMA.</p>		

	<p>RS advised there is a mechanism to seek derogation, but this is considered to be the last step in the process once internal processes have been exhausted. Discussions are ongoing across the system in relation to mutual aid.</p> <p>RE advised the Divisions are currently working on their rotas and this is an established process which generates a heatmap showing coverage in each clinical area. There is a need to consider what the absolute minimum standard of safety is, opposed to what would be the preferred level of cover. The inability to use agency staff adds a further dimension. However, bank staff can be used. It is not possible to seek derogations in advance and there is limited scope for these to be granted.</p> <p>DS advised it may not be possible to provide the same level of support to staff covering the forthcoming period of action by junior doctors compared to previous periods. A new rotation of junior doctors has recently joined the Trust. Therefore, the level of support for industrial action by that group is uncertain. Previous periods of action have seen circa 80%-86% support.</p> <p>AH sought assurance the Trust is taking sufficient action in relation to safety and is being proactive in relation to prevention and detection. DS advised a number of processes have been put in place and safety is at the forefront of planning and processes. Very few significant safety concerns have been raised to date. DS advised he has confidence all colleagues are empowered to escalate and flag up any suggestion of safety concerns.</p> <p>PB advised additional support and resource has been put in place from teams not affected by strike action, for example, senior nursing and matron rotas. The Quality Committee has considered if there has been any increase in incidents or harm and nothing has been identified to date.</p> <p>AR queried if there is any learning from periods of industrial action which can be translated into Winter planning to improve productivity. RE advised there was increased flow during the junior doctors' strikes when consultants were working on the wards. However, this is not sustainable as consults being present on the wards is at the expense of outpatient clinics, elective activity, etc. Therefore, there is some learning which cannot be replicated outside of an extraordinary situation but there is a need to capture good practice and consider how that can be embedded in business as usual.</p> <p>MG queried what is the opportunity to maintain a thriving culture, rather than a surviving culture. RE reflected that in spite of the pressures everyone is working under, a 'can do' and collaborative culture is evident among divisional teams. All leaders have a role in keeping people buoyant in difficult circumstances.</p> <p>DS felt the Trust has performed well in terms of communication and engagement with the medical workforce at different levels and has maintained open forums for people to raise questions.</p>		
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	<p>RE felt there is a need to be mindful the industrial action does not just affect the medical workforce, but has an impact across the board. Leadership teams spend a lot of time planning for strikes.</p> <p>PB advised he is impressed by the amount of work people are still doing, noting there is still a desire to undertake improvement work which will benefit patients.</p> <p>ARB queried if there is anything the non-executive directors (NEDs) can do to support the Executive Team. PB asked for the NEDs' understanding in accepting things can go off track. DS asked the NEDs to use their networks to escalate the issues into those forums. CW felt there is a need to use the Trust's membership of NHS Providers and other organisations to continually press upon both sides of the dispute a solution needs to be found.</p> <p>PR advised during periods of industrial action, the meetings in senior leaders' diaries are reviewed to ensure they are focussed on governance and clinical / patient safety. Any agenda items which can be stood down are deferred.</p> <p>RS advised the Executive Team has remained visible in the organisation. It is important to recognise the importance of a thank-you.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p><b>23/248</b></p>	<p><b>2023/2024 STRATEGIC PRIORITIES QUARTER 1 UPDATE</b></p>		
<p>14 mins</p>	<p>DA presented the report, advising the strategic priorities map against each of the strategic objectives and against a sub-committee. Good progress is being made across the priorities and where progress is off track, mitigations are being put in place to improve the position.</p> <p>AR noted the priority "Continue to work towards a sustainable model of urgent and emergency care" is off track, with one of the measures of success being noted as "Increase the number of patients using Same Day Emergency Care (SDEC)". AR felt measures such as this require a target, for example, how many patients and over what period of time.</p> <p>RE advised many of the metrics in this report replicate those in the Integrated Performance Report (IPR). For example, there is a national standard of 33% for SDEC and the Trust is overachieving that at 37%. However, consideration will be given to making the measures more specific.</p> <p>GW felt the direction of travel is unclear on some objectives and felt more information is required to identify what a successful outcome is. For example, one of the priorities is to "embed the Improvement Faculty within the Trust". While this is now established, there is currently no visibility of the difference this is making which raises the question if this priority is on track.</p> <p>DA advised there is a need to be cautious in relation to adding metrics to this report as there is a danger it could become the next BAF or next IPR.</p>		

	<p>In terms of the Improvement Faculty, it was agreed there would be a combined team in place by Q2; this has been achieved. In addition, by the end of Q1 the Improvement Faculty would have carried out an assessment of all the programmes' viability. This has been undertaken and a summary of all the assessments completed will be reported to the People, Culture and Improvement Committee.</p> <p>BB felt there is a need to learn from these conversations when shaping the Trust Strategy for the next 5 years, noting the need for SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) objectives.</p> <p>SB noted many of the measures in the IPR are showing as red and queried which of the strategic priorities will have the greatest impact in terms of improving the IPR position and are there certain workstreams which the Trust needs to focus on to make the greatest difference to performance.</p> <p>PR advised while he understands the connection between the strategic objectives and the IPR, this report relates to strategic objectives, rather than delivering operational targets. Therefore, the actions detailed in this report are not necessarily designed and connected to the delivery of mandatory metrics of operational performance, but are the key actions which will deliver the strategic objectives. While there is a link, one does not lead directly to the other and there are many other actions which are taking place in an operational sense which would lead to improvements in operational performance.</p> <p>RE felt there is some 'blurring' between business as usual, i.e., delivering to operational planning guidance, and the strategic programme. In trying not to replicate the IPR in this report, there is not enough clarity on outcomes for these indicators and this needs further consideration.</p> <p>MG felt initially some of the success measures are outcome focussed, but the success measures relating to the Improvement Faculty are input focussed. There is a need to identify what an effective improvement faculty 'looks like' and, therefore, outcome measures for what effectiveness looks like would be helpful.</p> <p>DA advised initially the Trust was taking steps to get the Improvement Faculty established, with governance in place. Therefore, some of the inputs are what is required now. There is a need to move on to demonstrate outputs.</p> <p>The Board of Directors were ASSURED by the report.</p>		
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23/249	<b>STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME</b>		
8 mins	<p>PS joined the meeting.</p> <p><b>Maternity Update</b></p> <p><b>Safety Champions update</b></p> <p>PB presented the report, highlighting the appointment of a new Maternity Voice Champion Partner, feedback from Safety Champion walkarounds, Ockenden review, NHS Resolution (NHSR) Year 5 programme, Saving Babies Lives and quality improvement work.</p> <p>ARB noted the indicator for transitional care on the NHSR flash report is showing as red and sought further information in relation to this. PS advised transitional care relates to babies stepping down from the neonatal unit or who may need additional care, but do not need to be on the neonatal unit. The service was paused during Covid due to issues with mixing of staff. The main ethos of the service is not to split the mother and baby. There has been an issue with recruitment in the neonatal unit as there is a significant amount of maternity leave. However, recruitment has now taken place and the Trust has over recruited in that area. A new lead is now in post and they have taken on the Transitional Care Service. The Trust is providing the service but it is limited. It is currently provided for babies receiving IV antibiotics who need a longer length of stay on the ward. The next phase will be bringing babies who are 34 weeks back onto the maternity wards.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Maternity Perinatal Quality Surveillance</b></p> <p>PB presented the report, highlighting third and fourth degree tears, obstetric haemorrhage and elective caesarean sections.</p> <p>PS advised there has been a recent focus on the elective caesarean section list, considering feedback from women and staff. Areas for improvement have been identified in relation to the discharge process. From the staff feedback, concerns have been raised in relation to variation as different teams work different days. Work is underway to reduce this, with clear and simple goals which have been put in place.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting.</p>		
23/250	<b>STRATEGIC OBJECTIVE 3 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE</b>		
25 mins	<p><b>Freedom to Speak Up (FTSU)</b></p> <p>KB joined the meeting.</p> <p>KB presented the report, advising there were 60 concerns raised in the previous two quarters, the majority of which were raised openly. KB highlighted the profile of people raising concerns, themes identified, triangulation and learning and Staff Survey results relating to FTSU.</p>		

GW felt it would be useful to gain feedback from people raising concerns in relation to their experience of the process once it is concluded and identify any lessons learnt which can be taken forward on a wider basis. KB advised as people are increasingly raising concerns openly, there is the potential for people to be happy to share their story and reflections.

BB queried if there is anything KB would like to press forward with, for which she would like the support of the Board of Directors. KB advised she would like to see listening up training for all staff as this will help get some of the fundamentals right for initial discussions with line managers. This will be included in the new leadership training programme which is being launched later in the year. There is a need to consider how this can be made available to everybody.

SB queried how managers view concerns being raised. KB advised there has been a shift in culture, noting she has had Divisions approach her seeking support as part of improvement plans. There will always be some managers who question why a member of staff raises a concern through FTSU rather than with them, but the balance is shifting and people will have initial conversations with their line managers.

MG queried if there was anything further which could be done through FTSU to address the violence, abuse and harassment experienced by staff, particularly in ED. KB advised there are no FTSU Champions in Urgent and Emergency Care and acknowledged this may be an area to focus on. Champions have recently been recruited in the nursing workforce at Newark Hospital as they were underrepresented. Staff do speak up about bullying and harassment, but this is not always directly through FTSU.

MG queried if FTSU was linked into the leadership development programmes. KB advised FTSU is part of the new Leadership Development Framework and she will be presenting to those sessions.

RS advised there had been an extensive discussion regarding FTSU at the recent meeting of the People, Culture and Improvement Committee, noting the leadership offer is key. There is further opportunity to support KB in widening the champion voice. The People, Culture and Improvement Committee have committed to have a quarterly focus on violence, abuse and harassment, starting in September 2023, including looking at the wraparound support provided.

PB advised there is a lot of ongoing work in relation to violence and aggression, although it was acknowledged this is not consistent or standardised. PB noted the increase in the number of concerns raised within nursing and midwifery, from which a theme has been identified as people feeling unsafe or working in areas outside of their sphere. It is noted people are being asked to move on a daily basis. While most staff understand the reason for needing to move area, there are issues with the way in which the message was delivered. KB is undertaking some targeted training with the senior team and leads to address this.



	<p>DS noted FTSU is a powerful voice which connects into the Executive Team and Board of Directors. Therefore, there is the potential people may see it as a way of circumnavigating other processes. DS queried if KB had experienced any 'bad behaviours' of people using the FTSU route. KB advised some people do come through FTSU after a process has taken place which did not go in their favour, for example. They then come to FTSU thinking something different will happen, but usually there is nowhere to take those cases, other than to listen and acknowledge their experience. Some issues are raised in relation to the care they received during another process and the impact of that on their wellbeing. If people have circumnavigated a process, there is a need to understand why. Most people use FTSU for the right reasons.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>KB left the meeting.</p>		
<p><b>23/251</b></p>	<p><b>PATIENT STORY – BEHIND THE SCENES OF YOUR OPERATION</b></p>		
<p>20 mins</p>	<p>CR and KW joined the meeting.</p> <p>CR presented the Patient Story, which highlighted the role of Operating Department Practitioners (ODPs).</p> <p>CW felt the story was very interesting and informative.</p> <p>MG queried why scrub practitioners are so called. CR advised the role used to be referred to as scrub nurse, but the role could be undertaken by a nurse or an ODP. They 'scrub' in exactly the same way as a surgeon as they will be passing instruments to the surgeon. Some scrub practitioners are also surgical first assistants, so they could either be dealing with instruments or assisting the surgeon.</p> <p>DS advised an ODP has to be present for any operation to proceed. Therefore, ODPs are key members of the team.</p> <p>CR advised there is a national shortage of ODPs and the profession requires greater recognition. There is a need to raise the profile of ODPs.</p> <p>SB queried if CR has the opportunity to feed into continuous improvement in terms of patient safety, efficiency, etc. CR advised there are meetings within the theatre team to discuss patient safety and governance within theatres. This is a whole team approach.</p> <p>AH queried what are the key messages for the Board of Directors about ODPs and what needs to happen for ODPs over the next five years. CR advised there is a need to promote the profession and bring in students, noting there is currently an apprentice ODP within the Trust. There is a need to look at the forward plan to ensure there is a rolling programme over the next five years of people joining the profession. There is a need to get local people into the profession, noting the students who come to the Trust for their training are from Sheffield Hallam University and they go to other hospitals once qualified. There is also the need to look at advanced roles in terms of career progression.</p>		

	<p>KW advised people get so far in their career and then, because there is no enhanced route, they move outside of theatres. There is a need to look at enhanced roles.</p> <p>GW felt there is a need to consider the communications approaches and external conversations, possibly with Nottingham Trent University. CR advised Nottingham Trent University does not currently offer the relevant course, with Derby being used for the apprenticeships within the Trust. The external undergraduates come from Sheffield Hallam. There is a need to look to other universities and bring their students into the Trust. The role of ODP is being promoted through the Step Into the NHS events.</p> <p>CR and KW left the meeting.</p>		
<b>23/252</b>	<b>QUARTERLY INTEGRATED PERFORMANCE REPORT (IPR)</b>		
73 mins	<p>PR advised the IPR is the new format for what was previously the Single Oversight Framework (SOF). The domains remain the same but the number of indicators has been increased for consistency with the operational standards and reporting to the ICB and NHS England (NHSE). This provides greater transparency and is not a deterioration in performance since the last quarter, which was reported in a different format. Overall, the Trust continues to benchmark well in the key areas outlined in the report.</p> <p><b>QUALITY CARE</b></p> <p>PB highlighted falls, Clostridium difficile (C.diff) and dementia.</p> <p>DS highlighted venous thromboembolism (VTE) and Hospital Standardised Mortality Ratio (HSMR).</p> <p>BB advised HSMR is a regular feature on the workplan for the Quality Committee, but felt it would be useful for the Committee to have a workshop to consider mortality metrics and actions.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li><b>Quality Committee to have a workshop session to consider mortality metrics and actions to take.</b></li> </ul> <p>AH queried, in relation to C.diff, how the Trust's usage of antibiotics compares to other organisations and how the Integrated Care System (ICS) benchmarks with other systems nationally. PB advised antibiotic usage generally has increased over the last few years but the Trust is not an outlier. PB advised he did not have the data to hand, but would report this to the next meeting of the Quality Committee.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li><b>Data in relation to antibiotic usage to be reported to the Quality Committee</b></li> </ul>	<p><b>DS</b></p> <p><b>PB</b></p>	<p><b>05/10/23</b></p> <p><b>05/10/23</b></p>

AH noted the coding of comorbidities is one of the drivers for the increase in HSMR and queried if there is anything else this has an impact on. DS advised an increase in divergence is becoming evident, noting the expected mortality in HSMR is reducing. This is surprising and the capture of comorbidities may be a factor in that. In addition, the Model Hospital data may start to skew.

**PEOPLE AND CULTURE**

RS highlighted the vacancy position, employee relations, agency usage and sustained improvement.

CW noted there is a lag in the timescale for recruitment, in terms of the time taken from the offer being made to the person taking up post, and queried if there is an action plan in place to improve this.

RS advised this is partly due to individual choice, for example, taking a break between graduation and starting work in September. In this instance, the Trust keeps in contact with people during this time and will start people in cohorts. Another factor is notice periods, which can fluctuate from a week up to 3 months. Leaders are encouraged to ensure people are given proactive positive messages in advance of their start date. The Trust does as much as possible and regularly reviews the process.

CW acknowledged there are external factors which cannot be controlled, but there is a need to continually review what is in the Trust's gift to shorten the process. RS advised one of challenges was the frequency of orientation sessions. This has been increased and the capacity on each session has also increased.

AR queried, where vacancies do exist, if an exercise has been undertaken to establish if it is necessary to fill those vacancies. If so, was consistent criteria applied. RS advised the Trust has established mechanisms for approval of vacancies, with each vacancy requiring executive sign off. The review of long-term vacancies can be explored in further detail through the People, Culture and Improvement Committee.

RM advised, as part of the Financial Governance Framework, the Trust is seeking to ensure the right scrutiny and challenge is in place. In some areas, for example nursing, there is the establishment figure, which is based on safe staffing metrics, and these are recruited to accordingly. Similarly, job plans are in place for the medical workforce. For corporate areas, the Trust is keen to ensure there is the right level of oversight and is seeking to undertake a peer review, particularly for roles where there might be opportunities to work closely with partners and consider doing things in a different way.

MG felt when considering the vacancy, there is a need to analyse the task and reconfigure what is required, noting a good example of this recently within pharmacy.

	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Review of long-term vacancies to be considered by the People, Culture and Improvement Committee.</b></li> </ul> <p>MG felt it would be useful to see a breakdown of agency usage, in terms of the reason why it is required, i.e. growth, industrial action, escalation beds, etc. RS agreed this would be useful for both the Finance Committee and People, Culture and Improvement Committee. RM advised the Trust has improved the reporting for agency usage and there is increased visibility in the organisation in terms of spend. However, this is predominantly based on areas of agency spend, rather than the root cause. Undertaking a root cause analysis would be useful.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Root cause analysis on reasons for agency spend to be undertaken and presented to the Finance Committee and People, Culture and Improvement Committee.</b></li> </ul> <p>MG queried how consistently exit interviews are being applied and what is the learning from them. RS advised exit interviews provide a key piece of information. However, what is more important is how the Trust listens to individuals who may have 'itchy feet' in terms of what can be done to improve their experience and prevent them from leaving.</p> <p>PB advised the Trust has re-introduced an internal transfer scheme, as one of the reasons for leaving was cited as wanting a different experience in a different speciality. Therefore, the process of moving to different areas has been made easier.</p> <p><b>TIMELY CARE</b></p> <p>RE advised there are a lot of metrics in the Timely Care domain within the new suite of metrics which have been introduced, mainly due to the fact the operating framework is very focussed on access. It was noted that while SFHFT is not meeting the planning guidance / national standards on many metrics, this position is reflected across the NHS and the Trust does benchmark well with peers.</p> <p>In terms of the emergency pathway, RE highlighted ambulance handover times, 4-hour wait performance and SDEC. The quality of care metrics relating to emergency care remain good. There is a renewed focus on the number of patients breaching the 12-hour wait in ED. RE advised bed occupancy remains high, mainly due to the high number of patients who are medically safe for discharge.</p> <p>In terms of elective care, RE highlighted day cases, outpatient first appointments and diagnostics. There were six patients waiting over 78 weeks at the end of June 2023 and the Trust is working towards a maximum 65-week wait by the end of March 2024. The position is stable in terms of remote attendances and a deep dive is being undertaken at a speciality level to understand where the opportunities might be to improve this position.</p>	<p>RS</p> <p>RS / RM</p>	<p>05/10/23</p> <p>05/10/23</p>
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In terms of cancer, RE advised the Trust benchmarks well across the majority of targets, highlighting the two-week wait and faster diagnosis standards. RE advised there may be some national changes to the cancer standards, to reduce them from ten to three core standards.

AR noted there are some aspects of operational performance which are not within the Trust's gift to improve and felt the Trust needs to request information from the ICS in relation to primary care services and what their contribution is in terms of trying to keep people out of hospital. If primary care services are not being provided adequately, mitigations need to be put in place. AR noted the issues relating to flow within the Trust and felt it would be useful to have sight of metrics for social care.

PR referenced the system reset work and advised PA Consulting has been formally appointed as the urgent care partner across the system. This work is currently mobilising. The aim is to gain an understanding of where the biggest benefit is in preparation for winter and focussing on those areas.

SB noted the target of 40 for patients who are medically safe for transfer for more than 24 hours and queried what actions need to be taken to achieve that target and of those actions what is within the Trust's gift and what input is expected from partners.

RE advised there is a trajectory which reduces to the target of 40 in step changes. In addition to improving flow, the target is driven by the financial position. The plan which has been signed up to is a plan which achieves the balance position required by year end. The plan is a system, not SFHFT, plan. Therefore, there are aspects which the system will need to deliver, for example, increased capacity in the community, and there are other aspects which are in the Trust's gift to deliver, for example, discharging patients earlier in the day.

RM advised in Q1 the Trust spent circa £3.3m on escalation capacity, noting a lot of that capacity has been in place for 12-18 months. There is an ambition to try to improve the metrics and patient flow, which will hopefully enable the Trust to reduce the escalation capacity. However, this is a difficult balance. RE advised although the plan is to reduce the number of patients who are medically safe for discharge and close beds, those beds will not be closed until there is confidence the reduction can be sustained through and beyond Winter.

DS advised the plan to ensure patients whose care could be provided elsewhere are moved to alternative provision is the right thing to do for those patients. However, it is noted the ambitious trajectory is off track. Greater clarity is required regarding where the blocks are, how they can be 'unblocked' and what support is required to achieve that.

MG advised the Finance Committee has requested some scenarios in relation to what the escalation beds in place now would 'look like' in the height of winter if no action was taken and what would happen with mitigations in place. MG felt it would be useful to have increased visibility on qualitative benchmarking and queried how the different partners are working together.

	<p>RE advised relationships with social care are improving and the Trust is gaining a greater understanding of the issues. The national team have published a letter in relation to Winter planning, which describes a ten-point plan, the enabling works of which will be to have collaborative working across the country.</p> <p>MG queried what impact Virtual Wards will have and queried if the Trust is on target. RE advised part of the planning includes a trajectory for Virtual Wards in terms of the number of beds which are freed up. This is an evolving picture. DS advised there is a national focus on Virtual Wards. There are two components of the business cases which were submitted, one for the Outpatient Parenteral Antibiotic Therapy (OPAT) Service and the other for respiratory patients. There have been some issues which are being worked through and other pathways which the Trust is trying to work up. The data suggests 500 bed days have been saved to date using Virtual Ward.</p> <p>ARB requested a deep dive be presented to the Finance Committee in terms of the financial impact of long-term length of stay patients and patients who are medically safe for discharge.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Deep dive to be presented to the Finance Committee in terms of the financial impact of long-term length of stay patients and patients who are medically safe for discharge.</b></li> </ul> <p><b>BEST VALUE CARE</b></p> <p>RM outlined the Trust's financial position at the end of Q1, highlighting escalation capacity, impact of industrial action, Financial Improvement Programme (FIP), agency spend and Elective Recovery Fund (ERF).</p> <p>ARB queried if the ERF target has been reduced. RM advised NHSE are conscious of the financial impact of the industrial action which took place over Q1 and are considering how they can support NHS organisations. The changes in the initial guidance indicates that some of the ERF targets will reduce and some monies which would have been variable income will be fixed income. This will help offset some of the costs experienced. The detailed guidance is awaited.</p> <p>The Board of Directors CONSIDERED the report.</p>	<p>RM</p>	<p>07/09/23</p>
<p>23/253</p>	<p><b>BOARD ASSURANCE FRAMEWORK (BAF)</b></p>		
<p>1 min</p>	<p>PR presented the report advising all the principal risks (PR) have been discussed by the relevant sub committees. In addition, the BAF in its entirety is subject to quarterly review by the Risk Committee. The changes, and amendments which have been made, are highlighted in the report.</p> <p>It was noted there are two risks, namely PR1 (Significant deterioration in standards of safety and care) and PR4 (Failure to achieve the Trust's financial strategy), where the current risk rating is above the tolerable risk rating.</p>		



	The Board of Directors REVIEWED and APPROVED the Board Assurance Framework.		
<b>23/254</b>	<b>USE OF TRUST SEAL</b>		
1 min	<p>SBS presented the report, advising in accordance with Standing Order 10 and the Scheme of Delegation, which delegates authority for application of the Trust Seal to the directors, the Trust Seal was applied to the following documents:</p> <ul style="list-style-type: none"> <li>Seal number 104 was affixed to a document on 7<sup>th</sup> July 2023 for Nottinghamshire Hospitals Plc (“Project Co”). The document related to the arrangements for the conversion of old Ward 3 to create a new Discharge Lounge to be delivered at King’s Mill Hospital.</li> <li>Seal number 105 was affixed to a document on 7<sup>th</sup> July 2023 for Nottinghamshire Hospitals Plc (“Project Co”). The document related to the arrangements for a modular laminar flow theatre and internal repurposing and reconfiguration of theatre spaces to be delivered at Newark Hospital.</li> </ul> <p>The Board of Directors NOTED the Use of the Trust Seal numbers 104 and 105.</p>		
<b>23/255</b>	<b>EXTERNAL WELL-LED REVIEW RECOMMENDATIONS PROGRESS REPORT</b>		
3 mins	<p>SBS presented the report, advising there were 15 recommendations from the Well-led review undertaken in March 2022. The report details progress against those recommendations, noting 13 are complete and two remain outstanding, for which progress reports are provided. A further update will be provided in 6 months’ time.</p> <p>SB queried how assurance can be provided there is no slippage in terms of the recommendations which are marked as complete. PR advised a full review of all recommendations will be undertaken for the update in 6 months’ time.</p> <p>MG felt it would be useful to look at the maturity in terms of how committees work across each other. GW advised 360 Assurance will be providing an update in relation to maturity matrix work and this aspect could be incorporated into that work.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li><b>Recommendations from the external well-led report to be reviewed in 6 months, including a review of recommendations marked as complete.</b></li> </ul> <p>The Board of Directors were ASSURED by the report.</p>	SBS	Feb 24

23/256	<b>ASSURANCE FROM SUB-COMMITTEES</b>		
11 mins	<p><b>Audit and Assurance Committee</b></p> <p>GW presented the report, highlighting clinical audit, counter fraud, internal audit recommendation rate and procurement annual report.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Finance Committee</b></p> <p>ARB presented the report, highlighting the establishment of the Sustainability Development Strategic Group, review of the ED Staffing Business Case and review of BAF PR4 (Failure to achieve the Trust's financial strategy) and PR8 (Failure to deliver sustainable reductions in the Trust's impact on climate change).</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Quality Committee</b></p> <p>BB presented the report, highlighting approval of Patient Safety Incident Response Plan and review of BAF PR1 (Significant deterioration in standards of safety and care) and PR2 (Demand that overwhelms capacity). BB advised SFHFT is an outlier for alcoholic liver disease in the HSMR data.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>People, Culture and Improvement Committee</b></p> <p>MG presented the report, highlighting committee effectiveness, further assurance requested for the improvement work agenda, theatres improvement programme, tactical workforce plan, recruitment to the pharmacy workforce, leadership programme and cultural heatmap.</p> <p>The Board of Directors were ASSURED by the report.</p> <p><b>Charitable Funds Committee</b></p> <p>BB presented the report, highlighting summary document in support of the Annual Report, policy regarding external fundraising in public areas within SFHFT estates, application for grant from the NHS Charities Covid-19 recovery fund and Community Involvement headline report.</p> <p>GW welcomed the development of the Annual Report summary document.</p> <p>The Board of Directors were ASSURED by the report.</p>		

23/257	<b>OUTSTANDING SERVICE – SUPPORTING YOUNG PEOPLE WITH SEND (SPECIAL EDUCATIONAL NEEDS AND DISABILITIES) INTO EMPLOYMENT</b>		
7 mins	A short video was played highlighting the work being undertaken to support young people with special educational needs and disabilities into employment.		
23/258	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
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"> <li>• Welcome to new governors.</li> <li>• Understanding of increased risks posed by the forthcoming industrial action.</li> <li>• Importance of encouraging colleagues to Speak Up and the importance of ensuring leaders listen and take positive action.</li> <li>• Importance of the role of the Operating Department Practitioner.</li> <li>• Review of IPR.</li> <li>• Work being undertaken to support young people with special educational needs and disabilities into employment.</li> </ul>		
23/259	<b>ANY OTHER BUSINESS</b>		
	No other business was raised.		
23/260	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 7<sup>th</sup> September 2023 in the Boardroom, King’s Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:40.</p>		
23/261	<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>		

23/262	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
	<p>CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>No questions were raised by members of the public.</p>		
23/263	<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>		