

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on
Thursday 1st August 2019 in the Boardroom, King's Mill Hospital

Present:	John MacDonald	Chairman	JM
	Claire Ward	Non-Executive Director	CW
	Tim Reddish	Non-Executive Director	TR
	Graham Ward	Non-Executive Director	GW
	Neal Gossage	Non-Executive Director	NG
	Manjeet Gill	Non-Executive Director	MG
	Richard Mitchell	Chief Executive	RM
	Dr Andy Haynes	Medical Director & Deputy Chief Executive	AH
	Simon Barton	Chief Operating Officer	SiB
	Suzanne Banks	Chief Nurse	SuB
	Paul Robinson	Chief Financial Officer	PR
	Shirley Higginbotham	Director of Corporate Affairs	SH

In Attendance:	Sue Bradshaw	Minutes	
	Robin Smith	Deputy Head of Communications	RSm
	Rob Simcox	Deputy Director of HR	RSi
	David Selwyn	Deputy Medical Director	DS
	Phil Harper	Head of Strategic Planning and Information	PH
	Jessica Woodward	Freedom to Speak Up Guardian	JW
	Ceri Feltbower	Associate Director of Service Improvement	CF
	Ann Fewtrell	Service Improvement Lead	AF
	Lynn Smart	Clinical Lead for Diagnostics and Outpatients	LS
	Kate Wright	Associate Chief AHP	KW
	Emma Wilson	Nurse Specialist	EW
	John Glendening	Trust Solicitor	JG
	Susanna Al-Samarrai	Consultant Obstetrician and Gynaecologist	SA

Observer:	Ian Holden	Public Governor	
	Roz Norman	Staff Governor	
	Shafiq Gill	Clinical Chair, Diagnostics and Outpatients	
	Helen Dobson	Chief Nurse Candidate	
	Phil Bolton	Deputy Chief Nurse	
	Dean Revil	Street Health Patient	
	Rev John Yarrien	Street Health Project	

Apologies:	Barbara Brady	Non-Executive Director	BB
	Julie Bacon	Executive Director of HR & OD	JB

Item No.	Item	Action	Date
17/290	WELCOME		
1 min	The meeting being quorate, JM 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.		
17/291	DECLARATIONS OF INTEREST		
1 min	JM declared his position as Independent Chair for the Derbyshire Sustainability and Transformation Partnership. RM declared his position as Chair of the Integrated Care Provider (ICP) and Chair of the East Midlands Leadership Academy.		
17/292	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Barbara Brady - Non-Executive Director and Julie Bacon – Executive Director of HR & OD. It was noted that Rob Simcox – Deputy Director of HR, was attending the meeting in place of Julie Bacon		
17/293	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors in Public held on 4 th July 2019, the Board of Directors APPROVED the minutes as a true and accurate record.		
17/294	MATTERS ARISING/ACTION LOG		
5 mins	The Board of Directors AGREED that actions 17/131.5, 17/164, 17/197, 17/199.1, 17/199.4, 17/242.1, 17/242.2, 17/269, 17/270 and 17/272.1 were complete and could be removed from the action tracker Action 17/199.2 – JM sought clarification regarding the outcome of the discussions at the People, OD and Culture Committee in relation to the balance between support for staff and enforcing the sickness policy. RSi advised there were a number of papers presented to the Committee regarding the support mechanisms which are in place for staff and how that has grown over the last few years. There is a recognition some further work is required to understand any links to staff who have worked additional hours and increased levels of absence. Further monitoring of this will be through the Trust Health and Wellbeing Group to establish any cause and effect. There is a recognition levels of stress in the workplace have increased but at the same time overall sickness absence has been stable or reduced. JM sought clarification if staff are aware of the support available. RSi advised wellbeing walks have commenced across the organisation to take messages to the workforce. The communications team has provided support in getting the messages across and the weekly wellbeing clinics are proving successful.		

	<p>JM advised it would be useful for RSi to liaise with staff governors to obtain their views. There could potentially be an issue in terms of management style, with some managers handling sickness in a different way to other managers. There is a need to ensure managers are managing sickness absence in a sympathetic but firm way. RSi advised sickness absence discretion training is offered to managers and there has been a fairly good uptake.</p> <p>RM noted as an organisation and individual managers, there may be a feeling sickness is being managed in an appropriate way. However, colleagues who are being managed may have a different view. There is a need to reduce the point of difference.</p> <p>MG advised the wellbeing element will be explored further by the People, OD and Culture Committee.</p> <p>The Board of Directors AGREED this action was complete and could be removed from the action tracker</p> <p>Action</p> <ul style="list-style-type: none"> • RSi to liaise with staff governors to obtain their views in relation to the balance between the support available to staff and enforcing the sickness policy 	RSi	06/09/19
17/295	CHAIR'S REPORT		
1 min	<p>JM presented the report, highlighting he has been appointed as Independent Chair for the Derbyshire Sustainability and Transformation Partnership (STP), Joined up Care Derbyshire, and advised it is his intention to continue in his role at SFHFT. JM also highlighted the recent consultant appointments and felt it important that information regarding new consultants is added to the Trust website as it is an important message, particularly for GPs, that the Trust is recruiting.</p> <p>The Board of Directors were ASSURED by the report</p>		
17/296	CHIEF EXECUTIVE'S REPORT		
6 mins	<p>RM presented the report, highlighting how busy the organisation is currently. There is a recognition that the level of activity seen so far this year is higher than last year and is greater than the volumes expected at this stage of the year. This puts a lot of pressure on colleagues within the organisation and beyond. There is a need to be realistic about the pressure the NHS and the public sector will be under this Winter and note the other issues which could impact this, including Brexit, the NHS Pensions issue and flu. As an organisation, SFHFT needs to focus on having the best possible Winter within the limitations faced.</p> <p>Suzanne Banks – Chief Nurse, has announced she will be retiring at the end of 2019. SuB's work within the Trust and the wider NHS throughout her career was acknowledged. RM advised he was pleased with the calibre of applicants received for the post.</p>		

	<p>RM noted JM's appointment as Independent Chair for the Derbyshire STP and welcomed his intention to commit to SFHFT for another term, subject to the Council of Governor's approval.</p> <p>The Council of Governors will be meeting on 13th August 2019 and this provides a good opportunity to provide an update on the progress being made in relation to Newark and work across the wider organisation and Integrated Care Partnership (ICP). There was a visit to the Trust from the NHS Pay Review Board on 30th July 2019. This was an opportunity to explain the progress made by the Trust over the last 3-4 years and to hear their views of the Trust.</p> <p>There is evidence progress is being made in relation to agreeing how transformation funding will be spent across the ICP over the remainder of the year. RM advised the Integrated Care System (ICS) framework has been circulated. This determines where efforts will be focussed across the ICS. The process of appointing a new managing director for the ICS is ongoing, following Wendy Saviour announcing her retirement.</p> <p>NG noted there had been an increase in the number of cases of C diff in month and sought clarification as to the reasons for that. AH advised the rate will vary month on month; it is better to look at the headline figure for the quarter. Given the level of occupancy seen, an increase in the number of cases is to be expected. SuB advised there has been only one more case compared to the same period last year.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>17/297</p>	<p>STRATEGIC OBJECTIVES UPDATE</p>		
<p>15 mins</p>	<p>RM advised this is the first opportunity to provide an update on progress in relation to the strategic objectives and reminded the Board of Directors that when the Trust went through the planning process, the clear message was that success for the strategy would involve being able to evidence three things. These being, following a process whereby people within the organisation and beyond felt they had an opportunity to engage, having a strategy which makes sense to people and designing a document which would be used. There is now a framework in place which is driving improvement and progress within the organisation.</p> <p>PH advised the report contains a combination of narrative and data to provide updates depending on the type of objective. Each measure of success has been rated as red, amber, green or grey, with red meaning currently off track and no prospect of being on track by year end, amber is off track but the Trust is confident it will be on track by year end and green is on track and delivering. Measures rated grey are measures which cannot be reported on at this stage, either because data is not yet available or it is an end of year measure, for example, staff survey results.</p> <p>Of the 41 measures of success within the 2019/2020 element of the strategy, 25 are rated as green, 12 as amber and none as red. There are 4 measures which have been rated as grey. There has been positive progress to date.</p>		

	<p>TR felt as the strategy is included on the Trust's website, the quarterly updates should also be included. TR sought clarification regarding the impact of the measures rated as amber, given there has been some slight slippage in the first quarter. PH advised the red, amber and green ratings were used as way of presenting the information to aid understanding of the 41 measures. There is an element of subjectivity as there are different types of measure. Each measure is looked at through another committee or forum and the escalation for any measures which are off track will be dealt with through those mechanisms. TR felt it would be useful to include a narrative in future updates if any of the measures rated as green have slipped to amber or visa versa.</p> <p>GW felt more information was required in terms of the steps being taken to bring the measures rated as amber back on track and the impact of that. PR advised under Strategic Objective 5, each of the ambers are due to being unable to evidence the 2019/2020 objective has been achieved. However, details of the progress made and the actions in place to achieve the objective later in the year are included. AH advised in terms of the quality measures, these come through the Quality Committee who have a responsibility to understand the progress being made. JM felt it would be useful to include a summary of the conclusions from the Board sub-committees in future updates.</p> <p>MG noted the measure in relation to 90% of clinical specialties compliance assessed with NICE guidelines is currently amber at 80% and sought clarification if this should be 90% by year end or each quarter. AH advised 90% is the NICE threshold and felt this highlights the importance of the narrative in the report as it can take more than a quarter to assess if some NICE guidance needs to be implemented. The aim is to be at 90% every quarter as this provides assurance for the Board of Directors, but there may be some quarters where this is not achieved and it is important to understand the reason for that.</p> <p>MG noted the measure in relation to achieving a 10% vacancy rate for Band 5 registered nurses by the end of the year and queried if the 47 newly qualified nurses due to join the Trust in the Autumn would achieve that. SuB acknowledged information regarding the current vacancy rate is not included in the report but this can be included in future reports. RSi advised the difficulty is assessing the net impact of new starters against any leavers. The trajectory is tracked through the nursing task force and there are plans to take this through the People, OD and Culture Committee in terms of the gap and putting strategies in place to reduce the gap. SuB advised the average attrition can be used to anticipate the future position.</p> <p>CW noted the measure in relation to increasing the number of people participating in research but felt more information was required as no target has been set.</p> <p>NG felt the comments and ratings should be discussed by the appropriate committee before future reports are presented to the Board of Directors.</p>		
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	<p>RM advised it is important to communicate the strategy update to colleagues in a meaningful way, which will be a combination of the document presented to the Board of Directors and some additional text. The update is a good document but can be sharpened, particularly in terms of identifying clear steps which are being taken to move measures rated as amber to green. Routing individual elements of the update through the appropriate sub-committees is a sensible approach if it is possible to get the timing right.</p> <p>JM advised the information which goes on the Trust’s website needs to be in a ‘friendly format’. The format for updates to the governors also needs to be considered. Future updates may need to be reported to the Board of Directors a month later than the current plan to allow for discussions at the sub-committees.</p> <p>Action</p> <ul style="list-style-type: none"> • Format for providing update in relation to the strategic objectives to governors to be agreed • Timescale for providing strategic objectives updates to the Board of Directors to be determined <p>RM advised details of the key supporting strategies, including timescales and approval details, had been included in the circulation of papers. The Digital Strategy is currently being updated and will be presented to the Board of Directors in due course.</p> <p>GW noted it had been some time since the Estates Strategy was presented to the Board of Directors and felt it would be useful to have an update on this.</p> <p>Action</p> <ul style="list-style-type: none"> • Update/review of the Estates Strategy to be presented to the Board of Directors <p>The Board of Directors were ASSURED by the report</p>	<p>PH</p> <p>SH</p> <p>RM</p>	<p>05/09/19</p> <p>05/09/19</p> <p>TBC</p>
<p>17/298</p>	<p>STRATEGIC PRIORITY 1 - TO PROVIDE OUTSTANDING CARE</p>		
<p>11 mins</p>	<p>7 day Hospital Services – Board Assurance Framework</p> <p>AH presented the report, advising these results are shared with NHSI as well as the Board of Directors. Last year, in the whole of Midlands and East region, only six acute trusts achieved the 90% standard for Standard 2 (Time to first consultant review) and Standard 8 (Ongoing consultant review). SFHFT’s performance has been in the top range within the region using standard methodology. From February and April 2019, SFHFT has introduced a version of this methodology locally. This provides a bigger sample than previously and allows the Trust to look at a wider range of specialities. However, it is still a ‘snapshot’ audit. Performance has been improving since September 2016 in terms of Standard 2 and performance has been improved and maintained in relation to Standard 8.</p>		

	<p>Performance in some specialities has dipped but this could be due to relatively small numbers making the percentages misleading. However, some areas have been consistently low, namely orthopaedics and paediatrics. In addition, the latest survey highlights surgery. The situation in relation to orthopaedics has been improved by a change in the way the service organises its work and the situation in paediatrics should improve with the appointment of two consultants. General surgery is aiming to adjust current job plans which will further improve compliance.</p> <p>Overall this is a positive statement. There is a slight weakness in Standard 8. Patients needing follow up are effectively in the acute phase. There will always be patients who don't need to be seen daily by consultants and it would be poor use of consultants' time if the Trust asked for those patients to be reviewed. Some of the technology being introduced will enable patients in the medically fit phase to be looked at. This will enable the audit to be refined and for patients who are not medically fit to be targeted in relation to Standard 8.</p> <p>GW noted an error in the quoted percentage figures for the overall proportion of patients who required a daily consultant review and were reviewed by a consultant. AH advised he would check the figures but advised the figure is above 94%.</p> <p>NG sought clarification if the audit was undertaken in a random week. AH confirmed this was the case.</p> <p>JM noted while the aggregated averages show good performance, there is some variation in different specialties and days of week. AH acknowledged there is more work to do to fully understand these figures and interrogate the information in a helpful way.</p> <p>DS acknowledged the good performance, advising when NHSI has looked at other trusts who are close to or achieving this target, none are achieving the target at weekends. Therefore, for SFHFT to be more or less doing so is commendable. While there are four priority standards it is important not to forget about the other standards.</p> <p>JM recognised the good performance and the work of both consultants and nursing staff.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>17/299</p>	<p>STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE</p>		
<p>15 mins</p>	<p>Freedom to Speak Up (FTSU)</p> <p>JW presented the report, highlighting the key objectives she has been working on since taking up post, namely the promotion of FTSU within the Trust and the role of Guardian, the recruitment of champions and how those champions will represent the diverse needs of the Trust, development of new data recording and storage system to maintain confidentiality and widening the ways in which staff can raise concerns.</p>		

There were 11 concerns raised in the last quarter which represents an increase in the number of concerns raised compared to previous quarters and is the highest number of concerns raised in a quarter over the past year. Over half of the concerns raised did contain elements of bullying and harassment, which is defined by the person raising the concern. However, when considering the information raised within those concerns, half of the cases were in relation to favouritism within teams.

It was noted the Board of Directors were presented with a FTSU self-review tool in September 2018. An update in relation to those actions is included in the report.

CW acknowledged bullying and harassment cases need to be reported externally based on the definition of the person raising the concern but there is a balance if it is bullying or management issues. CW queried if there is a way of making that distinction internally and what steps are being taken to address this issue. JW advised each case is looked at individually and it might be appropriate to involve OD. However, across the Trust there is an element of education and offering compassionate leadership training is currently being considered. Over half of the cases do involve management styles as opposed to peer to peer.

TR queried if there is anything further which can be done as a Board of Directors to ensure the right support mechanisms are in place, not just for the process but for JW in her role. JW advised she feels supported but this is something she will discuss with SH as executive lead for FTSU. It would be beneficial to improve understanding of the barriers people feel when speaking up as there does appear to be some concerns in relation to repercussions if people do speak up. It is important to make clear FTSU is a confidential service.

RM advised he felt proud of the way in which the culture of the Trust has changed over the last 3-4 years but is still worried about the culture in the organisation today. The steps taken over the last two years have not been sufficiently strong to shift the reality and perception of nepotism, bullying and harassment. People have not spoken up in the past due to the reality and perceptions of repercussions. Staff have also stated they have spoken up in the past / raised issues and nothing has happened. This needs to change but it takes time. As senior leaders, the Board of Directors need to make sure this is a key focus and something which progress will be tested on.

SH felt the feedback loop to the person raising the concern is important but feedback should also be provided to the organisation. Completing an anonymised case review to show colleagues what actually happens when a concern is raised is being considered.

RM felt there is a relationship between organisations which have a speaking up culture and organisations which consistently provide high quality care. There is a need to learn from other organisations to further strengthen the work of FTSU within the Trust.

<p>12 mins</p>	<p>MG felt there is a need to move away from the language of whistleblowing and to link to the improvement agenda. JW acknowledged language is powerful and whistleblowing has different connotations attached to it than 'Speaking up'.</p> <p>RSm advised the communications team have raised the profile of FTSU throughout the Trust. The next step would be to show how many people have come forward.</p> <p>JM advised the model for FTSU was changed due to concerns about the low level of staff speaking up and it was clear SFHFT had a very different model to other organisations within Nottinghamshire. The challenge now relates to how the Board of Directors receives assurance this is working well. There is a continued increase in people raising concerns and this should not be seen as a negative. There is a need to ensure the Trust is following best practice in terms of process and there is a need to listen to staff, which could be strengthened by linking in with staff governors to gain feedback.</p> <p>RM advised this information can be included in the next quarterly update and it would also be useful to triangulate the information from the free text comments in the staff survey. MG requested information for the next report in relation to the number of champions and the diversity of their backgrounds.</p> <p>Action</p> <ul style="list-style-type: none"> • Information regarding the number of FTSU champions and the diversity of their backgrounds to be included in next quarterly FTSU update report <p>The Board of Directors were ASSURED by the report</p> <p>Guardian of Safe Working – Nursing and AHP</p> <p>SuB presented the report, advising the Guardian of Safe Working guidance for junior doctors has been in place for several years and is intended to assure the organisation, doctors and patients that rotas and general working conditions are safe. The Board of Directors made a request to apply the same principles to nursing, midwifery and AHPs. The medical guardian for junior doctor reporting has protected time to undertake the role. The aim in relation to nursing and AHPs was to develop a framework which would not require protected time to manage.</p> <p>The data sources and what is important to the workforce in regards to them feeling safe and cared for by the organisation have been investigated. Five principles have been identified, namely safe staffing, surge in activity, staff survey, staff training and status of professionals. Staffing assurance has been identified as the fundamental principle. SuB advised the indicators which would have an impact in relation to the five principles are highlighted within the report.</p>	<p>SH</p>	<p>07/11/19</p>
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	<p>Some of the information in terms of reporting comes through different sources and the proposal is to put all the information relating to the identified principles in one source and align that with the strategic objectives. The proposed governance process is for a report to be presented on a quarterly basis to the Nursing, Midwifery and AHP Board prior to it being presented to the Board of Directors.</p> <p>JM advised this reporting process needs to be trialled and felt it would be useful for the report to be presented to the People, OD and Culture Committee for two quarters and for the Committee to discuss governance arrangements going forward to identify if the report needs to be presented to the Board of Directors</p> <p>AH advised the Guardian of Safe Working for medics is very specific reporting. However, there are measures the Trust needs to consider and work in relation to this has been initiated through the Medical Taskforce. It is important to have data which gives information on a range of staffing issues. JM felt the eventual aim should be to have a more integrated report, acknowledging this will take time to develop.</p> <p>DS advised the medical model is linked to the junior doctor's formal assessment, in which they are asked about exception reporting, and felt the work in relation to nursing and AHPs could be linked to appraisal, which would provide an opportunity to pick up any issues.</p> <p>Action</p> <ul style="list-style-type: none"> • Quarterly reporting for Guardian of Safe Working for nursing and AHPs to be added to work plan of People, OD and Culture Committee <p>JM queried if the outcome of a recent court case brought by junior doctors against Derby is likely to have any cost implications for SFHFT as while this was brought against Derby it was seen as a test for the wider NHS. AH advised this has been an ongoing court case, which has been to appeal, with the appeal court ruling against Derby. When Derby introduced their e-rostering system, if a rota was not compliant they ran a manual exercise to check compliance and if it wasn't compliant it was dealt with. The argument has been that doctors are due a back payment to the time of the first evidence of a rota not being compliant. Derby took the view that as they did a manual review which made the rota compliant, no back payment was required. AH advised SFHFT moved to e-rostering on Allocate in 2018. The e-rota part of the system, which has caused the problem, was looked at last year, together with actions being taken in the context of e-rota to protect SFHFT against the outcome of the case against Derby. Allocate are also looking at implications for other organisations who use their system. RSi advised when the work was undertaken in April, the view was any impact for SFHFT would be minimal.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>RSi</p>	<p>06/09/19</p>
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17/300	STRATEGIC PRIORITY 4 – TO CONTINUOUSLY LEARN AND IMPROVE		
25 mins	<p>Service Improvement Strategy</p> <p>CF presented the report, advising the Service Improvement Strategy has been developed in direct response to the Trust Strategy which includes the objective to continuously learn and improve. The strategy will be reviewed every year given the changing nature of the system within Nottinghamshire.</p> <p>A specific and local quality improvement approach for the Trust has been developed, known as the Sherwood Six Step. This was developed in collaboration with staff and the feedback received was staff want something intuitive and which does not require an external consultancy to come in and provide training. Staff want something which can be cascaded through wards and service areas so people can quickly pick it up and take it forward. The Sherwood Six Step was launched in July 2018 and is a ‘road map’ of the steps to take from having an idea, to implementing the change. This is transferable from a simple project in a specific area through to a large scale change. The next step in relation to this is to increase visibility across the Trust.</p> <p>Work is ongoing to build a training and capability model to support service improvement. While not wishing to make everyone an expert in quality improvement, it is important everyone has an understanding of it and what it means for them in their work. The Trust runs toolbox talks, which are badged as bronze level. In addition, silver level training is offered in conjunction with NUH, Notts Healthcare and other partners.</p> <p>The aim is to encourage improvement training not just for staff at SFHFT but to include other people already involved with service improvement within the organisation, for example, community, service users, patients, etc. This will help to provide people with a shared understanding of the approach being taken. The Trust is trying to build up an understanding of how to maximise service user input into the improvements being made. The first step is to establish a baseline across the Trust as currently there is little understanding of which services have active patient / service user involvement, and where the gaps are.</p> <p>In 2016 work began on patient safety culture with a piece of work being undertaken across 29 wards. This helped build up an organisational picture in relation to specific domains, for example, working conditions, exhaustion, resilience, etc. The plan is to re-do this work over the coming year to provide a baseline and current view, including how things have changed since 2016.</p> <p>Over the past year the patient safety culture programme has been running in theatres. This work will continue and the Service Improvement Team will revisit and respond to other areas as requested.</p> <p>The aim for 3-4 years’ time is for diffused improvement hubs to be in place across the organisation, rather than a central team, and for the real expertise to be at divisional level to enable people to solve their own problems. Geriatrics and Critical Care have put themselves forward to trial this.</p>		

	<p>The focus for the coming year is to increase visibility of what is currently being worked on across the Trust in terms of process, results, etc. and to pull the information together in a cohesive way through creating a knowledge repository. The Clinical Audit Team has joined the Service Improvement Team, thus pulling together resources with an improvement focus.</p> <p>TR noted the point in relation to staff raising ideas for improvement and felt this could be linked to the Charitable Funds project, 'Dragons' Den', which is a forum for people to present ideas which they require support for in the form of additional funding.</p> <p>TR queried what the appetite for improvement as an organisation and as individuals is. While acknowledging this is hard to measure, if there is some way to gauge this it would be helpful as this links to culture, organisational development, etc. AH felt the knowledge repository needs to capture projects being worked on as that is the real output of the impact of this work. It won't be seen in the KPIs, but this does change culture.</p> <p>SiB advised there are various teams across the Trust who are doing service improvement work. There needs to be a strategy as an organisation to connect them virtually or formally. SiB felt over the coming years there needs to be a stronger element of process improvement. MG felt thought should also be given to linking up the work which is happening in relation to cultural improvement.</p> <p>RM advised it is a strength to include clinical audit within the Service Improvement Team as this provides the opportunity to correctly calibrate clinical audit and service improvement. A comparative weakness for the Trust is there are many people undertaking improvement work across the organisation but it doesn't 'tie' together. This strategy provides a way forward to achieve that.</p> <p>PR sought clarification in relation to what is being measured on the KPI under Strategic Objective 5, Achieve Better Value. CF advised the rationale for the KPI is the Trust has very little sight of what people are working on, with the exception of the Programme Management Office (PMO) who are sighted on the projects they are involved with. Having a knowledge management system in place will enable the Trust to better quantify how people are spending their time as currently while people are spending time on improvements which are likely to result in sustainable positive change, there is no understanding of the value being released.</p> <p>PR felt the objective should be to seek out how to achieve better value and improve financial efficiency rather than gathering information and felt there is a need to be more specific on how to deliver the objective. AH advised consideration at a system level should be given to continuous quality improvement and include continuous value improvement.</p> <p>DS queried if the title was correct as service improvement can be viewed as a 'dry' term. Should this include quality or innovation.</p>		
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	<p>CF acknowledged there has been some confusion in relation to what the strategy means in term of quality improvement. Service improvement is more the fundamentals of getting the foundations to drive quality. CF advised she was open to suggestions regarding the name to make it more meaningful to staff.</p> <p>JM welcomed the approach and acknowledged the importance of this change in the culture, noting more work is required on how to 'badge' and promote the strategy. The shape will change over time, taking into account system working. The visibility of schemes and how to link into different pieces of work is important. There is a need to be careful to balance innovation and structure so it isn't made too prescriptive.</p> <p>CF felt the 'Dragons' Den' is powerful for staff as people often don't take forward improvement or change due to lack of feedback which would encourage them.</p> <p>The Board of Directors APPROVED the Service Improvement Strategy</p>		
17/301	PATIENT STORY – STREET HEALTH		
28 mins	<p>LS, KW and EW presented the patient story, which related to the work of the Street Health project.</p> <p>MG noted the value of being kind and caring and queried what actions can be taken to improve the culture of the Trust, whereby if someone who is homeless attends the hospital everyone is kind and caring towards them rather than stereotyping as "they are homeless and choose to live on the streets".</p> <p>LS advised by sharing this story across the Trust it is hoped this will help people realise people like the patient featured are real people and see the person rather than just seeing them as being homeless. Work has been done with the team in ED as that is where a lot of people who are homeless will come to for healthcare. They are working with the Street Health Team to change perceptions and views of people who are homeless. Work is also being done with the volunteers at the church to encourage them to support people who are homeless by attending hospital with them.</p> <p>EW advised there is a lot of negativity in relation to people who are homeless. The Trust has a good voice as an organisation to say "we are here to support the homeless" and to share that message with other statutory organisations.</p> <p>JM acknowledged the fantastic work of the Street Health Team.</p>		
17/302	SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT		
53 mins	<p>RM advised the report highlights the thematic detail of what is currently happening within SFHFT. The organisation is under incredible pressure from the level of activity. This is not impacting on the experience for patients but there has been a deterioration in performance against a number of the access standards. The level of activity being seen is higher than expected.</p>		

	<p>There is a need to be realistic about the actions the Trust and partners can take over the coming months to change some of the flow into the organisation. It is likely the current level of activity will increase in the future and the Trust needs to plan for that and ensure SiB and colleagues are provided with as much support as possible. The Drivers of Demand work is due to report to the Board of Directors in the next couple of months. The Board Assurance Framework (BAF) risks remain static.</p> <p>While this report focuses on performance in Q1 and offers some areas for improvement moving forwards, the Board of Directors needs to be sighted to the fact that in the next couple of months there will be other factors which may impact on the Trust, namely Brexit, NHS Pensions issue, potential heavy flu season and Winter. These factors are set against a current level of activity which is unmanageable.</p> <p>ORGANISATIONAL HEALTH</p> <p>RSi advised sickness absence has reduced for the fifth consecutive month, although this is slightly higher than the trajectory of 3.5%. Sickness due to stress, anxiety and depression has reduced this month and stands at 0.96%. Information in relation to the variations and challenges across each of the divisional areas is included in the report, whether this is due to some of the physical challenges faced by colleagues day to day due to the patients' demands experienced, age fluctuations across divisions, etc. There are some areas which are more able to come back from short term absence, for example, Urgent and Emergency Care, whereas other areas with an aging workforce creates more of a challenge in relation to musculoskeletal (MSK) related absence. In addition, some of the operational challenges faced over the last quarter will impact on sickness absence.</p> <p>The presence of wellbeing walkarounds continues to be reinforced and this is having a noticeable impact on getting key messages out to the workforce. There continues to be positive discussions in relation to counselling services for staff and the waiting times are reducing. There are currently 20 staff waiting for an appointment which is an improved position compared to last month. The Time to Change champions are important and this continues to develop. There will be a wellbeing staff conference held in the Autumn to continue to promote where support can be accessed. The occupational health satisfaction survey results continue to benchmark well.</p> <p>Turnover has increased in month but is below trajectory. There has been a slight increase on dependency on temporary staffing. 47 newly qualified nurses are due to start with the Trust in the Autumn which will reduce reliance on the temporary workforce.</p> <p>NG felt it would be useful to plot the results, for example nurse vacancies, against the trajectory required to achieve the vacancy rate of 5-6% as per the Trust strategy.</p> <p>Action</p> <ul style="list-style-type: none"> • Nurse Vacancy results to be plotted against the trajectory required to achieve the required vacancy rate 		
		RSi	05/09/19

MG felt more granular analysis of the data, in terms of the reasons for variation in absence across divisions, was required. RM queried if that data is presented to the People, OD and Culture Committee. RSi confirmed the detail was presented to the last meeting of the Committee.

QUALITY

SuB advised indicators in relation to patient safety, quality and experience remain in a positive position. It is worth noting staff are feeling tired as the work is relentless.

The patient safety alert in relation to fans was discussed at the Board of Directors meeting in July. This issue is nearing resolution.

There were a total of six serious incidents in Q1. There were no avoidable category 3 or 4 pressure ulcers and only four avoidable category 2 pressure ulcers which were deemed to be with low harm. Monitoring in relation to pressure ulcers continues.

Falls remain in a positive position and there is a lot of ongoing significant work in relation to that.

The number of complaints received has increased slightly in Q1 but remains within internal thresholds. Within ED there has been a common theme in relation to delay in diagnosis of fracture. This is being monitored through the Patient Safety Quality Group (PSQG).

The overseas nurses continue to do well in their Objective Structured Clinical Examinations (OSCEs). The first cohort achieved a 100% pass rate. The second cohort, which was made up of five overseas nurses plus two HCAs who have been in this country for a number of years, took their OSCEs during week commencing 22nd July 2019. Five of the seven passed and two only have a fifth of the element left so they should hopefully complete this within the next 10 days. Once the OSCEs are passed, this converts those staff into registered nurses for the Trust.

It was highlighted at the Board of Directors meeting in July that recording in relation to dementia assessments has been transferred to Nervecentre. While reported performance was good last month, the risk of performance dipping in relation to initial assessments was raised. SuB acknowledged there was a dip in performance in relation to dementia last year and, therefore, wished to provide an update on the work being done and plans which are in place to transfer the recording of the dementia initial assessment, which is a task undertaken by medical staff.

Previously the initial assessment was on the hard copy documentation but this has now moved to Nervecentre. There was a period when the assessment was still on the hard copy documentation. Therefore, colleagues were completing it on the documentation but not on Nervecentre.

The assessment has now been removed from the documentation and is just on Nervecentre, which is the right place for the assessment to be as once the details are entered on Nervecentre, there is an automatic referral which is more responsive than the manual referral. It is becoming labour intensive for members of the Safeguarding Team as they are currently chasing the notes to check the assessment has been done.

The initial assessment dropped to 88.5% in May and will drop further for June to just below 60%. The final data for July is not yet available, but the figure is currently higher than 60%. It is important to note, despite the dip in performance in relation to assessment, the number of patients who are referred has significantly increased. In March, 98.5% of patients had an initial assessment and between 39 and 50 patients were referred over March and April. There are currently the same number of inpatients and while referral compliance has remained constant at 98%, the number of patients referred was 86 in June and as of 27th July there were 133 patients referred.

While the information demonstrates a decline, the reason for the increase in referrals is the Rapid Response Liaison Team are informing medical staff attempting to refer a patient outside of Nervecentre that the only way to refer is through Nervecentre.

There have been several meetings to discuss this issue and the proposal is to continue to push Nervecentre and not go back to manual reporting with a plan for three months from September to do a cultural push, working with junior doctors in particular to try to encourage completing assessments on Nervecentre. The daily chasing by the Safeguarding Team to review notes will cease, the newly appointed dementia nurse will be allowed to work on the strategy and there will be a bi-monthly spot audit on a sample set of notes to monitor assessments against Nervecentre documentation. The number of referrals is important information for the Board of Directors and this should be the proxy measure. The actions being taken will be reviewed at the end of Q2.

AH felt the Trust has been measuring the wrong thing as it is possible to get 100% compliance on screening but not be referring people. In essence, junior doctors have been waiting to identify the people they want to refer and using the right system to refer them.

NG felt there needs to be a focus on both assessments and referrals. AH advised compliance audits are being undertaken. SuB advised the audits will be undertaken bi-monthly otherwise two senior nurses are being taken away from their safeguarding work every day to complete an exercise which is realising low numbers. However, if a significant decline becomes evident, this will be reviewed.

GW acknowledged the need for close monitoring but felt the process is better electronically and overall there will be an improvement in quality, which is the aim.

JM sought clarification if the Trust is referring people who were previously missed or if the referral threshold has reduced. SuB confirmed there has been no change in the threshold.

JM sought clarification on the actions being taken to address the antenatal capacity issues and clinic waiting times. AH advised the Maternity Team are working to address this and discussions will be ongoing through PSQG.

OPERATIONAL

SiB advised the ED 4 hour wait standard was 94.7% in June and 92.7% for Q1. June's performance placed SFHFT fourth across the NHS but was slightly below trajectory. Breaches in PC24 doubled in Q1 compared to the same period last year but they still delivered 97%. During Q1 there was a 9% increase in attendances at King's Mill Hospital compared to the same period last year, with a 12% growth in admissions. The Trust is achieving 30% of admissions as same day emergency care which is recognised as best practice. The target in relation to the reduction of patients in hospital more than 21 days has been achieved. This was due to be achieved in March 2020. There will be additional nurse staffing in ED from September 2019.

An area identified for improvement is weekends and a formal project will be undertaken by a clinician in regards to how weekends are managed. Some actions currently being taken include additional consultant shifts, discharge teams and criteria led discharges. However, there is more which can be done.

July has been a difficult month for the Trust and indications are the ED 4 hour wait standard will be 89%. There have been 1,500 more patients through ED in July than June.

GW noted PC24's performance has remained constant but their level of activity has not increased, unlike the Trust's activity, and sought clarification regarding this. SiB advised it is difficult to fully comment as the Trust does not run PC24. However, SiB advised his understanding is PC24 are currently struggling to fill GP shifts more than they were previously. This means at times SFHFT is not able to stream patients to them. The Trust streams about 20-25% of work to PC24. Currently this is nearer 20% than 25%.

GW queried how this can be addressed. JM advised more information in relation to this will come through the Drivers of Demand work. SiB advised the CCG have a contract with PC24. SFHFT tries to work in partnership with PC24 and has a good relationship with them, meeting with them every month. Actions are taken to stream as many patients as possible to PC24. However, the uncertainty in relation to their cover does cause a problem for the Trust as staff are then uncertain if PC24 have a GP to stream a patient through to. There is a need for more consistency.

NG sought clarification regarding the view on how close the Trust is to the tipping point of demand outweighing capacity. RM advised the level of activity has increased almost month on month over the last two years but the Trust has a finite ability, within the limitations of the estate and staff resources, to increase capacity at the same rate.

This is a difficult issue to resolve. However, through the Drivers of Demand work there will be some steps the Trust can take, possibly not to divert demand elsewhere but to respond to the demand differently. There is work to be done in relation to discharge, particularly weekend working.

JM noted the report contains information in relation to demand and operational efficiency and acknowledged the Trust is performing well in terms of average length of stay and other indicators. It is recognised staff are under pressure and JM queried what can be done to support staff. SiB advised the Chief Operating Officers conference calls with NHSI to discuss ED performance are increasingly focusing less on outcome performance but more on “are you doing the best you can to control what you can control within a system which has increasing demand”. If the Trust continues to consume demand and performance remains good, demand will increase further. RM advised, in terms of supporting staff, there is a direct link to the earlier discussion in relation to culture. The Trust needs to ‘get to grips’ with bullying and harassment and other issues in the organisation.

MG sought clarification regarding the focus in the system which will help benefit the pressures within the Trust. JM advised the Drivers of Demand work will provide evidence rather than anecdotes to enable that discussion. AH advised there is a clear focus with East Midlands Ambulance Service (EMAS). It has been identified some of the algorithms used by NHS111 are driving some of the demand and it is expected these will change in August. There have also been discussions, as the Primary Care Networks (PCN) form, in relation to crisis care.

SiB advised, in relation to elective care, diagnostics is back on track as forecast. Referral to Treatment (RTT) is relatively stable. The main issue in relation to RTT is currently ophthalmology, which is the key cause of the slight dip in performance. There has been an 11% year on year growth in demand. However, there is a new consultant starting soon, additional clinics have been put in place and there is a private provider to support the Trust. Additionally, there has been an investment in ophthalmology this year and the business case has now been operationalised. This should increase capacity.

Through the outpatient transformation programme the Trust is trying to safely reduce the number of patients seen. However, routine patients are experiencing long waits in ophthalmology. This has always been a pressurised speciality but the reason for the current situation relates to the referral management triage process. Commissioners brought in a company who GPs and optometrists refer to for triage before they come to the hospital. However, recently there has been a significant reduction in the volume of patients who would previously have been triaged and transferred to a community ophthalmology service. The key focus is to work with commissioners and the provider to establish the reason for this change.

JM noted orthopaedics and dermatology are another two services which are struggling and requested more information regarding issues affecting orthopaedics.

	<p>SiB advised the MSK service is a good example of a triage service which works well. Productivity within orthopaedics is good and the service is above plan in all areas. The issue affecting the service is trauma as there has been a growth in trauma demand linked to emergency care growth. This leads to occasionally switching theatre lists and clinics more towards trauma patients to avoid blocking bed capacity.</p> <p>RM sought clarification as to whether there has been a reduction in programmed activity (PAs) or waiting list initiatives linked to the NHS Pensions issue. SiB advised there has been a material drop in the number of additional sessions in endoscopy and there has been some reduction in waiting list initiatives being picked up. This is currently being monitored. As sessions drop, the Trust will try to bring in locums. This is an emerging issue and it may be useful to complete a capacity forecast linked to the pension issue.</p> <p>Action</p> <ul style="list-style-type: none"> • Capacity forecast linked to the NHS Pension issue to be completed <p>SiB advised demand is growing in relation to cancer care. It is acknowledged the Trust is unable to impact on demand to a great extent but the Trust is working with primary care in relation to the referral form information. It is important to think about how the Trust can build capacity. Some new equipment has been purchased which will increase theatre list capacity in relation to biopsies. Additional radiologists will be joining the Trust to help cope with CT capacity and the MRI scanner will come to the King's Mill site in August. There is a need to think about future proofing capacity. Endoscopy and histopathology capacity and the outpatient transformation programme will impact on cancer standards. There is an increasing complexity of cancer cases.</p> <p>MG advised she recently observed the team looking at cancer cases and felt this was done in a very supportive way but with appropriate challenge.</p> <p>SiB advised the Trust is above plan in nearly every activity, demonstrating clinical teams are seeing more patients than ever to try to keep pace with demand.</p> <p>JM noted some of the longer waits (in percentage terms) were for patients where the tumour site was lung, upper GI or haematology and queried if there were any actions being taken to address this. SiB advised some of those areas have a very small number of patients, therefore the percentage figure is skewed. Lung cancer patients tend to be brought back for CT surveillance. While this impacts on performance, it is the best practice pathway for those patients.</p>	<p>SiB</p>	<p>05/09/19</p>
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	<p>RM advised cancer care was discussed at the ICS Board in July. There was an action taken to identify if there are specific actions which can be taken collectively over the remainder of the year to improve performance as well as reviewing the longer term work over the next five years in relation to predictions about activity and actions which can be taken to improve performance. This is due to be reported back to the ICS Board in September.</p> <p>FINANCE</p> <p>PR advised at the end of Q1 SFHFT is reporting a YTD deficit of £13.9m before non-recurrent income, which is £60k ahead of plan. When the non-recurrent income of Provider Sustainability Funding (PSF), financial recovery funding and marginal rate emergency funding is taken into account, the deficit is £9.4m, which is £60k ahead of plan.</p> <p>In terms of income, ED activity and non-elective activity are over 6% above plan, which equates to £2m above plan in income. Elective activity is broadly on plan. The Trust has delivered more outpatient appointments than the plan suggests but the Trust is on an intelligent fixed payment in respect of outpatients. The outpatient transformation programme is not quite on track. 50% of outpatient attendances which the Trust will need to transform for the rest of the year have been identified.</p> <p>Pay costs are above plan but agency expenditure stands at £825k below the ceiling set by the regulator YTD.</p> <p>The Financial Improvement Programme (FIP) has identified £1m across the quarter, which is just ahead of plan. However, £600k of this is non-recurrent. The FIP risk at the end of Q1 is £5.3m, plus there is a further risk in identifying financial improvement in the outpatients transformation programme of approximately £ 2.6m. Therefore, the total risk at the end of Q1 is £7.9m to achieve the control total at year end. Actions are in place to identify improvements to that position. External help has already identified approximately £2.5m of opportunity. There are further non-recurrent solutions and ICS Transformation monies to help achieve a greater rate of return on outpatient transformation.</p> <p>RM advised financial success for the Trust in 2019/2020 is tightly bound to the financial success across the system, not only within the mid-Notts ICP but across the ICS. All organisations in the ICS are currently forecasting delivery of their year end financial position. However, this was the situation at the end of Q1 in 2018/2019 and the position subsequently collectively deteriorated. Therefore, SFHFT is working with all ICS partners to understand the true position.</p> <p>The Board of Directors CONSIDERED the report</p>		
<p>17/303</p>	<p>BOARD ASSURANCE FRAMEWORK (BAF)</p>		
<p>2 mins</p>	<p>RM presented the report, advising the recommendations made at the Board of Directors workshop in May 2019 have been reflected in the report.</p>		

	<p>The BAF in its entirety was presented to the Risk Committee on 9th July 2019 and all elements of the BAF have also been presented to and discussed by the relevant sub-committee.</p> <p>JM felt this is a helpful report but queried if operational efficiencies made should be reflected in the risk relating to demand overwhelming capacity. SiB felt that would be a control.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework, taking into account the significant scrutiny undertaken by the sub-committees.</p>		
17/304	LEARNING FROM DEATHS QUARTERLY REPORT		
5 mins	<p>AH presented the report, highlighting the themes over the last quarter. One of these is diabetes where there was an incident which has resulted in a review of the 'front door entry' pathways for managing diabetic emergencies and providing staff with ongoing training. There is a continued focus in relation to acute abdominal pain pathways which come through ED. The policy has been reviewed to ensure it is fully fit for purpose.</p> <p>The Trust has appointed a medical examiner to provide a five day service for learning from deaths, which is a requirement for trusts to implement. Dr Ben Lobo, Mortality Lead for SFHFT, has been appointed as the Regional Medical Examiner.</p> <p>The Dr Foster mortality figures are on track. The Trust has a Dr Foster outlier alert in relation to biliary tract disease which was received in March 2018 and relates to data from 2016 and 2017. AH provided an update in relation to this and advised it is hoped this will soon be resolved.</p> <p>TR acknowledged Ben Lobo's leadership in relation to learning from deaths.</p> <p>The Board of Directors were ASSURED by the report</p>		
17/305	MATERNITY CNST SUBMISSION		
6 mins	<p>JG presented the report, advising this is a patient safety scheme run by NHS Resolution (NHSR). Under the scheme a 10% levy has been applied to the maternity contribution (premium) paid by trusts to NHSR for 2019/2020. This levy will be reimbursed to trusts who can demonstrate compliance with 10 safety actions by 15th August 2019. The potential reimbursement for SFHFT is £361,428.</p> <p>Four of the safety actions were signed off by the Quality Committee on 17th July 2019 but further evidence was requested in relation to the remaining six actions. Three of those were completed and circulated to members of the Quality Committee during week commencing 22nd July 2019 and the remaining three were completed on 31st July 2019.</p>		

	<p>AH confirmed four of the actions were signed off at the meeting of the Quality Committee and the others were circulated to non-executive colleagues who sit on the Quality Committee but acknowledged the late circulation of the detail of three of the actions.</p> <p>TR advised the information was received late on 31st July 2019 and BB, Chair of the Quality Committee, is currently away and, therefore, has not been sighted to this. TR advised he would like the opportunity to discuss the evidence supplied for the outstanding actions with BB but confirmed there were no issues with what he had read so far.</p> <p>JM sought clarification regarding the timescale for submission. JG confirmed the submission has to be approved by the Board of Directors and signed off by the Chief Executive. The submission is due 15th August 2019.</p> <p>The Board of Directors APPROVED the NHS Resolution Maternity Incentive Scheme Submission subject to no concerns being raised by TR, CW and BB as members of the Quality Committee.</p>		
17/306	USE OF TRUST SEAL		
1 mins	<p>SH advised the Trust Seal had not been used in the last quarter.</p> <p>The Board of Directors were ASSURED by the report</p>		
17/307	ASSURANCE FROM SUB COMMITTEES		
15 mins	<p>Audit and Assurance Committee (AAC)</p> <p>GW presented the report advising some changes have been made in relation to follow up of internal audit recommendations which seems to be having an impact as overall performance is currently 93.3%, compared to 79.2% at year end. The single tender waiver process was reviewed. There is more work to do, but good progress is being made.</p> <p>A report was presented to the Committee which summarised the enhanced responsibilities now being managed through procurement and progress being made implementing the Future Operating Model (FOM) and the Procurement Target Operating Model (PTOM). Careful monitoring of the FOM will be required to ensure it does deliver value for money to the Trust as the 'cost' to the Trust is £900k. The removal of margin charges will recover £400k, but the remaining £500k will have to come from savings. Current confidence of the delivery of these savings is low.</p> <p>The Trust is in a better position than last year in relation to declaration of interests but there is more work to do. It is important for compliance with the conflicts of interest policy to feature as part of the appraisal process.</p>		

	<p>Finance Committee</p> <p>There is a considerable residual risk in relation to FIP. Although £1m was delivered in Q1, 60% of that was non-recurrent. The Trust is still forecasting to achieve FIP for the year and has had some support from Ernst and Young.</p> <p>The Committee noted progress on the reference costs and patient-level information and costing (PLICS) submission. The draft has now been prepared and the Chief Financial Officer was authorised to approve the submission on behalf of the Board of Directors.</p> <p>Quality Committee</p> <p>TR presented the report, highlighting the Committee received a short presentation, comparing SFHFT's pharmacy system for managing flow of discharges with the approach being undertaken by Cambridge University Hospital, which is considered an effective model. The Committee were assured the approach being undertaken at SFHFT is broadly similar, with the exception of e-prescribing which is not yet in place at SFHFT.</p> <p>The Committee reviewed the evidence for three areas within the Advancing Quality Programme (AQP) and agreed these actions are now complete. The Committee were assured plans are progressing to secure implementation by the deadline in relation to the falsified medicines directive. The Committee received the first quarterly report from the Children and Young People's Partnership (CYPP) and supported the areas of focus being taken forward.</p> <p>NG advised he had been informed someone was due to join the Trust who is an expert in e-prescribing and queried when they are due to start. AH advised this person is now in place but there remains an issue with national funding to enable e-prescribing to be introduced.</p> <p>JM noted the End of Life annual report and Safeguarding annual report had been signed off by the Quality Committee but felt these should be presented to the Board of Directors..</p> <p>Action</p> <ul style="list-style-type: none"> • End of Life annual report and Safeguarding annual report to be presented to the Board of Directors <p>People, OD and Culture Committee</p> <p>CW presented the report, advising the Committee were unable to discuss some of the longer term policy / strategic papers due to pressure of time, noting the work programme needs to be reviewed. CW highlighted the apprenticeship activity, noting good ideas for using the funding are being proposed. The challenge is the lack of flexibility in the funds themselves and the rules surrounding this.</p>	<p>SuB</p>	<p>05/09/19</p>
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	<p>Charitable Funds Committee</p> <p>TR presented the report and advised the Committee received a number of updates regarding ongoing appeals, the main appeal being for the gamma scanner which currently stands at £400k.</p> <p>A number of projects which were funded have been evaluated to confirm their impact and that they delivered as planned. The fundraising strategy was reviewed. When this is finalised it will be presented to the trustees. The draft annual report was reviewed in preparation for its finalisation prior to submission to the trustees.</p> <p>The Board of Directors were ASSURED by the reports</p>		
17/308	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"> • Patient story – Street Health • Performance • Freedom to Speak Up • Service improvement • Appointment of Medical Examiner • Q1 strategy update • Guardian of Safe Working – Nursing and AHP 		
17/309	ANY OTHER BUSINESS		
1 mins	<p>RM advised SFHFT has been awarded the Future Focussed Finance Towards Excellence Accreditation Level 2 from the NHS Finance Leadership Council and is the only trust across the Midlands to hold this.</p>		
17/310	DATE AND TIME OF NEXT MEETING		
1 mins	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 5th September 2019, in the Boardroom, King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12:45</p>		
17/311	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>John MacDonald</p> <p>Chair Date</p>		

17/312	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
1 min	No questions were raised		