

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 11:30 on Thursday 7th November 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
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer & Deputy Chief Executive	PR
	Dr Andy Haynes	Medical Director	AH
	Simon Barton	Chief Operating Officer	SiB
	Suzanne Banks	Chief Nurse	SuB
	Clare Teeney	Director of People	CT
	Shirley Higginbotham	Director of Corporate Affairs	SH
In Attendance:	Sue Bradshaw	Minutes	
	Robin Smith	Acting Head of Communications	RS
	David Selwyn	Deputy Medical Director	DS
	Rebecca Loveridge	Head of Occupational Health	RL
	Lisa Welham	Occupational Health Office Manager	LW
	Jill Murphy	HR Secretary	JiM
	Heather Gardner	Library and Knowledge Services Manager	HG
Observer:	Ian Holden	Public Governor	
	Richard Shillito	Public Governor	
	Steve Vickers	Appointed Governor	
	Roz Norman	Staff Governor	
	Sue Holmes	Public Governor	
	Gerald Smith	Public Governor	
	Philip March	Public Governor	
	Kevin Stewart	Public Governor	
	Belinda Salt	Public Governor	
	Erica Pearce	Nottingham City Care	
	Bryony Strachan	Medical Director Candidate	
Shafiq Gill	Medical Director Candidate		
Apologies:	Barbara Brady	Non-Executive Director	BB
	Manjeet Gill	Non-Executive Director	MG

Item No.	Item	Action	Date
17/387	WELCOME		
1 min	The meeting being quorate, JM declared the meeting open at 11:30 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
17/388	DECLARATIONS OF INTEREST		
1 min	<p>JM declared his position as Independent Chair for the Derbyshire Sustainability and Transformation Partnership.</p> <p>RM declared his position as Executive Lead of the Integrated Care Partnership (ICP) and Chair of the East Midlands Leadership Academy.</p> <p>AH declared his position as Executive Lead of the Integrated Care System (ICS)</p> <p>GW declared his position as Non - Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.</p> <p>CT Declared her position as Director of Human Resources for Nottinghamshire Healthcare.</p>		
17/389	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Barbara Brady - Non-Executive Director and Manjeet Gill - Non-Executive Director		
17/390	MINUTES OF THE PREVIOUS MEETING		
1 min	<p>Following a review of the minutes of the Board of Directors in Public held on 3rd October 2019, the following amendment was identified:</p> <ul style="list-style-type: none"> Item number 17/363, paragraph 4 of finance section, line 2 should read "...non-recurrent solutions" as opposed to "...no-recurrent solutions" <p>The Board of Directors APPROVED the minutes as a true and accurate record, subject to this amendment being made.</p>		
17/391	MATTERS ARISING/ACTION LOG		
1 min	<p>The Board of Directors AGREED that actions 17/267.1, 17/299.1, 17/360.1, 17/363.3, 17/363.4 and 17/363.7 were complete and could be removed from the action tracker.</p> <p>Action 17/366 – SH sought clarification regarding this action, due to being absent from the previous meeting. JM advised the Board of Directors noted no items were included under Strategic Priority 2 on the work plan and sought clarification if any items should be under this category. SH advised she would look into this.</p>		

17/392	CHAIR'S REPORT		
3 mins	<p>JM presented the report, highlighting the Street Health Team won the Nursing Times Award for Integrated Approaches to Care and the Trust was shortlisted for the HSJ Awards Trust of the Year.</p> <p>There have been a number of events recently recognising and supporting staff, for example, Black History Month, Menopause Conference and Stress Conference. The annual Staff Excellence Awards take place on 8th November 2019 and choosing the winners has been a difficult task due to the quality of nominations.</p> <p>Despite the Trust and the wider NHS being under pressure, feedback from patients in terms of urgent care indicates the Trust is still able to provide good patient experience.</p> <p>JM acknowledged the number of governors in attendance to observe the Board of Directors meeting.</p> <p>JM noted this is SuB's last Board of Directors meeting, and acknowledged her work, noting she has a high national reputation, and thanked her for her work and the leadership she has provided.</p> <p>The Board of Directors were ASSURED by the report.</p>		
17/393	CHIEF EXECUTIVE'S REPORT		
5 mins	<p>RM presented the report and acknowledged SuB's work at the Trust and thanked her for her support.</p> <p>RM advised SFHFT made the last 8 for the HSJ Trust of the Year Award and while unsuccessful in winning the award, the Trust should feel very proud about where the organisation has got to. The trust which won has recently been rated as Outstanding by the CQC and, as measured by the national staff survey, has the best staff engagement in the country. SFHFT can learn from them.</p> <p>It is anticipated the CQC assessment will take place before the end of 2019/2020. The Trust will be meeting with the CQC on 11th November 2019 and hope to get further information at that stage.</p> <p>In terms of Freedom to Speak Up (FTSU), SFHFT has been identified as one of the most improved Trusts when comparing 2015 to 2018. Jess Woodward was appointed in April 2019 and is the first substantive FTSU Guardian for the Trust. There has been a large increase in the number of concerns which have been raised over the last two quarters and the expectation is this will increase further over the coming quarters. Increasingly colleagues feel able to speak up and evidence suggests more people speaking up correlates with a better culture in the organisation.</p> <p>Interviews will be taking place on 11th November 2019 for the role of Medical Director and there are four very good candidates. Emma Challans - Director of Culture and Improvement, and Julie Hogg - Chief Nurse, will join the Trust on 9th December 2019.</p>		

	<p>The Trust, like the wider NHS and social care, is currently under extraordinary pressure. There are a high number of patients attending the hospital, particularly on the emergency care pathway. There is an increase in acuity and a few cases of flu have been seen. The Trust is doing everything possible to maintain timely safe care to patients and also supporting staff.</p> <p>The Board of Directors were ASSURED by the report.</p>		
17/394	STRATEGIC PRIORITY 1 - TO PROVIDE OUTSTANDING CARE		
7 mins	<p>7 day Hospital Services – Board Assurance Framework</p> <p>AH presented the report, advising the Trust’s performance in this quarter review has been consistent and is among the best in the region and nationally. The Trust’s performance over time has improved considerably with four times more patients being sampled compared to when this started as a national audit.</p> <p>There are issues in paediatrics and planned care and surgery and the report outlines the steps which are in place to manage performance in those two areas. In addition to the four priority clinical standards, the report also contains information on performance against a further six standards for continuous improvement.</p> <p>AH acknowledged the work of Paula Evans, Sepsis Lead Nurse, in producing this audit on a quarterly basis.</p> <p>DS noted the report concentrates on medical staffing but felt there is a need to recognise there are other staff who feed into this work.</p> <p>JM advised he welcomes the inclusion of the additional six clinical standards and noted in relation to Standards 5 and 6, the Trust’s diagnostic measures are good in terms of timeliness. JM noted in relation to Standard 2, time to first consultant review, some patients have had a long wait, although this is only a small number of patients. AH advised all exceptions are discussed with the service and the division. Two of the cases were ENT patients, as detailed in the report. This has been fully discussed with the ENT team.</p> <p>GW noted there are some cases where no time is recorded and queried why this was not done. AH advised this is usually a documentation issue and is fed back to the service. This is usually due to junior doctors and as they rotate every 3 or 4 months, it is an ongoing issue.</p> <p>The Board of Directors were ASSURED by the report</p>		
7 mins	<p>Cancer Performance and Improvement Plan</p> <p>SiB presented the report, advising demand for cancer is 19% higher than it was 2 years ago, generating approximately 6,500 more contacts. There is an action plan contained within the report, together with a revised trajectory which has been agreed with both NHS Improvement (NHSI) and the CCG. The focus is on stability, reducing variation and reducing the backlog.</p>		

	<p>SiB outlined the key actions which are improving time to diagnosis in three tumour sites (urology, lower gastrointestinal (GI) and upper GI), increasing endoscopy capacity in the short term through insourcing, implementing 'straight to test' pathways and increasing biopsy capacity, particularly in urology. Within the constraints the Trust has in relation to physical capacity, with those actions in place the revised trajectory is achievable.</p> <p>In terms of expanding diagnostic capacity, business cases in relation to endoscopy and imaging capacity will be considered for the next planning round. The Trust has one MRI scanner and there is a business case for a second. It is recognised the Trust needs additional fixed diagnostic capacity</p> <p>The NHSI Intensive Support Team will be undertaking a third party review of cancer performance. It is anticipated the report will be available at the end of December and this will be reported back to the Board of Directors.</p> <p>Action</p> <ul style="list-style-type: none"> • NHSI Intensive Support Team's review of cancer performance to be presented to Board of Directors <p>TR queried what is considered the biggest challenge to achieving the revised trajectory. SiB advised this is demand, but it was acknowledged the Trust has little influence on that, the second challenge being fixed diagnostic capacity. Once a patient is diagnosed, they are treated quickly. There is some work to do with NUH as the Trust is reliant on them in relation to some of the cancer pathways. However, this is progressing.</p> <p>JM felt the Board of Directors needs to focus on the revised trajectory as agreed with NHSI. There is also a need to look further ahead in relation to cancer and JM welcomed the strategic paper which is under development. JM noted there are a proportion of patients where treatment is delayed due to patient choice but these are still counted in the figures as not being treated in time. SiB confirmed this is the case and the Trust wants to give patients the choice about their treatment. This is an issue for all trusts.</p> <p>TR queried if the trajectory takes into account the seasonal choices patients make around Christmas time. SiB confirmed this has been taken into account as there is always a backlog growth during December.</p> <p>The Board of Directors were ASSURED by the report</p>	SiB	06/02/20
17/395	STRATEGIC PRIORITY 5 - TO ACHIEVE BETTER VALUE		
11 mins	<p>ICP 6 month review</p> <p>RM presented the report, advising this is a 6 monthly update on progress against the 10 core objectives to be delivered through the ICP during 2019/2020.</p>		

	<p>It is acknowledged system working can sometimes be more difficult than just working within one organisation as different organisations try to achieve different things. However, if the ICP can be made a ‘thing’ and people work substantively in the ICP this will provide the opportunity to coalesce in the pursuit of a shared vision and shared aims. A full year update will be provided at the end of 2019/2020. While it is still early days for the ICP, a lot of effort is being put in and some changes linked into it are becoming evident.</p> <p>JM felt it would be useful for 2020/2021 for boards in all partner organisations to be provided with a quarterly report on progress with some quantification. GW felt it is increasingly important to understand the financial position within the wider system and to understand the pressures elsewhere.</p> <p>RM advised the last 3-4 ICP Board meetings have been held in public. RM asked Board members to consider if they would find it useful to receive information from other ICPs. GW felt it would be useful to get a flavour of how other ICPs are developing as part of the ICS. JM felt there needs to be a particular focus on the other Nottinghamshire ICPs to establish if there is anything which they are doing which will impact on the Mid-Nottinghamshire ICP and the Trust. It was noted this report will also be shared with the governors at the Full Council of Governors meeting on 12th November 2019.</p> <p>Action</p> <ul style="list-style-type: none"> • Information on performance and actions being taken in other ICPs to be reported to the Board of Directors <p>CW queried if other ICPs are ahead of the Mid-Nottinghamshire ICP in terms of digital transformation work and if there is any learning which can be taken from other ICPs. DS advised it is important for the Trust not to develop its own digital strategy to find it doesn’t ‘play into’ the ICS or ICP strategy. There is an overarching digital strategy and partners are working together to develop a joined up ICS digital strategy. The Trust is refreshing its digital strategy and this is out to public consultation. Electronic patient records is currently highest on the list of requests. There is a need for something which is joined up across the system.</p> <p>SuB felt when looking at the strategic priorities and pulling the plan together, there is a need to refine governance. Work is ongoing within the Trust and ICP in relation to all the priorities. There are forums in the Trust where issues are addressed. It is important to maximise the work being done rather than duplicate it. For example, in relation to children and young people there is a strategic partnership committee within the Trust which partners are brought into. JM advised the ICS has commissioned a governance review. When this is complete there will be a need to consider what it means for the Trust. The governors will need to be included in that.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>RM</p>	<p>05/12/19</p>
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17/396	STAFF STORY – HEALTH AND WELLBEING		
24 mins	<p>RL, LW, JM and HG presented the staff story which related to staff health and wellbeing drop-in clinics.</p> <p>TR queried what actions can be taken to build on this work, for example, linking with the Disability Staff Network, purchasing more body mass analysers and is there an app available rather than using paper. RL advised she is aware of the disability forum and the person who runs it is part of the health and wellbeing group, so there is already a link. In terms of further support, a staff health and wellbeing lead or dedicated resources would be useful for taking the whole health and wellbeing agenda forward and it is increasingly important for trusts to support staff health and wellbeing.</p> <p>RL advised there is an app available for results to be collated but it would need to be purchased. Two body mass analysers have been funded by Charitable Funds. However, they do become obsolete quickly and the second machine is more advanced. There is a need for people to use the same machine otherwise they would get contrasting information from one time to the next. The older machine is still used within the occupational health department as part of physiotherapy sessions to try to motivate staff with musculoskeletal problems who might benefit from losing weight.</p> <p>JM felt there is a need to consider how the Trust can support and build on this work, bearing in mind the focus is not just on outstanding care but also healthier communities.</p> <p>CT advised the occupational health service in the Trust is excellent and it is highly regarded by staff. The presentation was powerful in showing how interventions can make transformative change in terms of people's behaviour. There is a national mandate coming out which will introduce a requirement to have a health and wellbeing champion on the Board of Directors. This is being considered by the People, OD and Culture Committee.</p> <p>JM acknowledged the work of the occupational health team in relation to flu vaccination programme.</p>		
17/397	SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT		
46 mins	<p>RM introduced the report, advising the analysis of Q2 is a continuation of the Q1 position. Organisational health performance is strong and quality and safety remains consistently positive, although there are some areas for improvement. The Trust's financial position for 2019/2020 is not without risk but there is increasing confidence the right steps are being taken and the cost base is being effectively managed while protecting safety. The current forecast is for the Trust to achieve the control total for the year which will be the fourth successive year where the control total has been delivered.</p> <p>Access standards are being impacted by the incessant demand, particularly emergency care pathways. There is higher activity than expected and this is circa 7% higher than last year at this point. This is putting a lot of pressure on staff.</p>		

There are a series of steps the Trust is trying to take, but at least as important are actions which partners need to take.

ORGANISATIONAL HEALTH

CT advised the reasons for sickness absence are detailed in the report. The Board of Directors needs to keep focussing on health and wellbeing support for staff. 72% of front line staff have had their flu vaccination. Staff turnover remains relatively low and it was noted the Trust has retained the overseas nurses who have gone through their training. A number of newly qualified staff have joined the Trust and they will require a high level of support. Over 50% of staff have already completed the annual staff survey.

NG noted sickness absence has increased in month and felt the target should reflect the seasonal variations, rather than a flat target across the year. In addition, NG requested reporting on a moving annual total basis be re-introduced. While accepting it is a small sample, feedback from staff exit interviews indicates 45% of staff felt morale was good, which means 55% felt it wasn't good. This doesn't appear to tie in with staff survey results. CT advised the Trust is looking at the responses in terms of feedback received. In addition, reasons why people don't provide feedback is being explored. This information will be triangulated with feedback from the staff survey.

GW noted organisational and cultural issues within the PPC workforce of Surgery, Medicine and Women and Childrens are being cited as a driver for some of the sickness absence and requested further details in relation to this and the actions being taken to address this issue. CT advised this relates to staff experience in terms of relationships at work between colleagues and line management. These are specific in relation to individual's interactions at work. This is being looked into and support and interventions are being put in place.

SH reminded the Board of Directors it had previously been agreed that in order to reduce the amount of detail in the SOF, reporting of sickness absence, retention, etc. would go through the People, OD and Culture Committee who would feedback to the Board of Directors. There is a need to ensure the report from the Committee addresses some of those concerns.

RM queried how the Trust knows the information captured from exit interviews is valid. CT advised the comments can be taken as valid but there is a need to consider what the information provides as part of the bigger picture.

RM advised he would be surprised if three quarters of the staff leaving the organisation felt supported by their line manager, as the staff survey results indicate interaction with line management is something which can be improved on. CT advised the information tells us so much, but it doesn't answer a number of other questions which could legitimately be asked. This will be discussed further at the People, OD and Culture Committee.

SH felt there is a need to triangulate information gathered from exit interviews with FTSU, OD interventions and staff survey results. A dashboard to highlight areas is being developed.

TR queried if there was anything which could be done differently as exit interviews are a fairly sterile process. CT advised information from a group of people who want to move on for whatever reason is limited. Other areas to consider are how new starters are feeling 6, 12 and 18 months into their employment. This would provide another set of indicators in relation to if their experience is as expected when they joined the organisation. This would help with the retention strategy.

SuB advised the Trust has done some sessions following up with new starters after 12 months. This provided rich information which was fed back to departments and ward areas.

CT advised exit interviews have their place and their merits but there is more return on the effort invested if some sort of intervention is put in at the 6, 12 or 18 months stage of employment.

JM felt the Trust needs to consider what the different models of care will mean and how the workforce will need to be reshaped. As the new model and ways of delivery come through, the People, OD and Culture Committee will need to reflect on that.

DS queried how any themes which come through the annual appraisal process are captured. CT advised appraisals provide only so much information. It is another reference point but there are other ways of doing things to gain richer information.

QUALITY

SuB advised the Trust remains in a positive position despite being busy and sickness absence increasing. The exceptions for Q2 are 'find' for dementia and Clostridium Difficile (C. diff).

In terms of dementia, the Trust is behind the trajectory for 'find' but there has been an increase in numbers for case finding and Rapid Response Liaison Psychiatry (RRLP) referrals. A deep dive into the dementia screening process and assurance around patient assessment is being presented to the Quality Committee in November 2019.

The C. diff threshold for 2019/2020 is 79. There has been a slight increase in Q2. However, the number of cases is less than the same stage of 2018/2019. While the loss of the decant facility at Mansfield Community Hospital due to currently using Ward 33 has not proven to be an issue so far, this is something the Board of Directors need to be sighted to.

There have been no breaches in relation to same sex accommodation. There has been a national change to the reporting, which will take effect from January 2020, in relation to reporting in critical care. The requirements for reporting are well within what the Trust currently does and the Privacy and Dignity policy is being amended to reflect the update.

Venous Thrombo-Embolism (VTE) and harm free care are still in a positive position. In relation to harm free care the standard includes 'new' harms which are acquired during admission and 'old' harms which are present on admission.

There were four serious incidents during Q2. The Trust undertakes a process of continuous learning and information in relation to serious incidents is presented at each of the division, nursing, midwifery and AHP forums each month. Investigation of two of the serious incidents has gone through the normal governance route but Ceri Feltbower - Associate Director of Service Improvement, and a member of the Governance Team has undertaken a human factors review of those two incidents. A safety conference, in partnership with Ceri's team, is due to be held on 29th November 2019. This will include a lot of learning from incidents.

The Trust is in a positive position in relation to staffing and recruitment continues. There is a need to be mindful of sickness absence and the impact of that when asking staff to work additional hours. This continues to be monitored.

The Trust's AHP strategy was launched on 14th October 2019 as part of national AHP day and the Trust is hosting the AHP ICS conference during week commencing 11th November 2019. On 11th November 2019 the King's Fund is joining the Streethhealth work as they are doing a piece of work on homelessness and wish to capture the work the Trust has been doing in relation to this.

AH advised while the information is not reported to the Board of Directors, there has been an increase in complaints in relation to discharge. SuB advised complaints are discussed at the weekly Governance Huddle when themes are identified. The Trust did some work with the Academic Health Science Network approximately 18 months ago in relation to orthopaedics and discharge. Some of the complaints received relate to delays in discharge or patients being discharged and it not being identified there is a safeguarding issue due to communication not being as good as it should have been. A full review of every Section 42, where an elderly person has been discharged to a care home and there have been concerns about communication or documentation, has been carried out. Some key learning has been introduced as a result. The matron / AHP group are doing a bespoke project on criteria led discharge and this will be piloted in two areas from November 2019. There are some issues in day case in relation to delays in discharge and medication. A member of the governance team is working with one of the GPs to look at how the discharge process can be improved and including the TTO process (to take out) medication. This is an area to focus on and there are ongoing bespoke pieces of work to address this.

AH advised ED are doing a piece of work to look at discharge paperwork and process and are engaging with primary care as part of this. The gap between primary care and secondary care consultants is starting to be bridged.

TR felt there is a need to establish exactly what the challenge is in relation to TTOs , whether this be delay in medication being prescribed, delay in getting medication from pharmacy, etc. SuB advised it is known what the issue is in different areas and a different approach is required in different areas. For example, the delay in day case is due to a delay in the medication being prescribed due to throughput. Process mapping is taking place to identify if there is anything which can be done differently.

GW noted there is an upward trend in terms of the number of complaints and sought clarification if information is available regarding speed of response and if there are any other themes. AH advised the Patient Experience Team are looking at the rate as if the Trust is 12% busier, it follows there will be an increase in the number of complaints. Patient Experience report to the Patient Safety and Quality Group (PSQG), with a summary reported to the Quality Committee. This report looks at the response rate and tracks responses. A themed analysis goes to PSQG every quarter.

OPERATIONAL

SiB advised the ED 4 hour wait standard was 90.3% for September, ranking SFHFT 12th of 117 trusts in the NHS. Performance overall in the NHS was 86%. Despite the Trust's performance deteriorating, 1,640 more patients have been treated within 4 hours so far this year compared to the same stage of last year. Attendances are 10% up and admissions are 7% up.

Performance capacity in relation to the lead metrics remains relatively strong with 30% of medical admissions being treated as same day emergency care. The Trust continues to be ahead of target for reducing the number of patients who are in hospital over 21 days. This target has been stretched to 60 patients. Length of stay is in a better position than the same period last year.

Delivery of the Winter Plan is progressing well. The Drivers of Demand work is now being managed through the A&E Delivery Board. The SFHFT element of this relates to primary care streaming and ensuring the Trust is streaming every suitable patient to Primary Care 24 (PC24). PC24's performance was 95% in September, which is 4% lower than last year. The additional investment into ED will be put in place during November. Work is continuing in relation to weekends and reducing the variability at weekends and there will be some step changes in that area over the coming months. In terms of the Drivers of Demand work, there are a lot of actions for partners, particularly EMAS, Nottinghamshire Healthcare and social care. The A&E Delivery Board are holding them to account for delivery of those actions.

RM noted PC24's performance has decreased by 4% and queried if their activity has increased. SiB advised their activity is relatively flat. SFHFT provides them with their activity.

GW queried if PC24's staffing position has improved. SiB advised PC24, like everywhere, has workforce supply issues but this should not prevent patients being streamed to them.

JM felt the Trust is in as good a position as possible and is working with partners to put their actions in place. SiB advised a key element is for the Trust to remain strong on lead metrics and how efficiently the work is dealt with and delivering the Winter Plan. In terms of managing demand, the Trust's role is to stream as many patients as possible but partners have to take some responsibility.

RM noted wider conversations are taking place with partners at the A&E Delivery Board and elsewhere, but there is a need to recognise that doesn't necessarily translate to specific actions being put in place in a timely way. The Trust has put a summary of the Winter Plan on social media for staff, patients and partners to access.

SiB advised diagnostics are 98.6%, mainly relating to the pensions issue, with clinicians in endoscopy, although insourcing capacity has now started and performance is expected to return to 99% for next month.

Referral to Treatment RTT was 87.1% for September, ranking SFHFT 55th of 159 trusts. Two key areas affecting performance are cardiology and ophthalmology. If those areas were delivering the Trust would achieve 91%. Actions being taken to improve waiting times are detailed in the report. Cancer was 82.2%, ranking SFHFT 61st of 144 Trusts.

FINANCE

PR advised at the end of Q2 the Trust's financial position is on trajectory. The Q2 financial plan expected a reduction in expenditure as the Financial Improvement Plan (FIP) took greater effect. However, this has not happened as planned and as a consequence the Trust needed to identify £2.3m of non-recurrent solutions to achieve the Q2 plan. These were solutions which had been identified through work which had been done over the last 2-3 months. They were used within the Q2 quarter end figures to enable the Trust to access the full amount of Financial Recovery Funding (FRF) and Provider Sustainability Funding (PSF).

At the end of Q2, the Trust's YTD position is £200k better than plan, which is a deficit of £23.2m. This ensures full delivery of £2.8m of PSF, £5.2m of FRF and £2.7m of marginal rate emergency tariff. When these non-recurrent income sources are taken into account, the deficit is £13m. Of the £2.7m of the planned non-recurrent solutions, most of the material element of that relates to historic pay creditors which were identified in the first quarter of the year as potential solutions and these had to be used in Q2.

Income remains ahead of plan due to non-elective activity being above plan. Pay is above plan but this is slightly skewed as the use of the creditors reduces the overall position. FIP is just above plan due to the use of the non-recurrent solutions and at Month 6 this is a £4.8m delivery, of which nearly £3m is non-recurrent.

Agency spend is £2m below the ceiling YTD. Capital is slightly behind plan but this is expected to be back on plan by the end of Q3.

	<p>The closing cash balance was £5.2m at the end of Q2, which is £3.6m above plan due to receipt of Q1 PSF and FRF. This will offset borrowing into Q3.</p> <p>The forecast for year end is to achieve the control total, but this is not without risk. The risk being there remains a £1.6m gap in identifying full FIP and a gap of £2.2m in terms of delivering the outpatient transformation savings which were identified at the start of the year. Through a deep dive, divisions have identified further improvements, of which £1m is within the Month 6 forecast and there is a potential £1.6m in the last 6 months of the year.</p> <p>As a result of the planned use of non-recurrent solutions, the Trust's underlying position is deteriorating and the forecast achievement of the control total for 2019/2020 would leave the underlying position £6m worse than plan. There is a need to identify if any of the non-recurrent solutions can be made recurrent and what further recurrent solutions can be put in place by year end to take effect in Q1 of 2020/2021. The underlying deficit is being incorporated into the planning for the Trust and the ICS.</p> <p>JM felt the Board of Directors need to fully understand the implications when next year's plans are seen. PR advised the first establishing plan figure was presented to the last meeting of the Finance Committee. This will be reviewed at each Finance Committee meeting and reported back to the Board of Directors.</p> <p>TR noted the Trust has achieved the control total for four consecutive years, but queried what is cost of that in terms of the underlying deficit and has the Trust been aspirational enough to achieve financial improvement going forward. PR advised a letter from NHSI was shared with the Finance Committee which outlines the trajectories for the next four years. This is almost entirely consistent with the Trust's financial strategy. NHSI are looking for an additional £2.4m over four years than the figures in the strategy. If this is delivered, SFHFT will receive full FRF to ensure the Trust breaks even. This would remove the need for treasury loans and, therefore, reduce reliance on borrowing and cost of interest. This would bridge more than 50% of the £2.4m gap identified.</p> <p>TR advised there is a need to have an agreed strategy and plan signed off by the regulators and to communicate this. PR advised the financial regime for 2020/2021 and beyond is a minimum 1.1% efficiency requirement for all trusts and an additional requirement for trusts which are in deficit to get back into balance. NG advised a way of getting costs out of the system, not just the Trust, needs to be found.</p> <p>RM advised Dale Bywater, NHSI Regional Director, is very clear the primary focus is on system control totals. While it is important for the Trust to take all necessary steps to deliver from a financial perspective and maintain safe, high quality care to patients, increasingly there is a need to look at the system position.</p> <p>The Board of Directors CONSIDERED the report.</p>		
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17/398	BOARD ASSURANCE FRAMEWORK (BAF)		
3 mins	<p>RM presented the report, advising all the Principal Risks have been discussed by the relevant sub-committees. The BAF has also been discussed by the Risk Committee. There has been a discussion at a meeting of the Executive Team in relation to the current exposure risk ratings. It is felt that whilst they make sense in isolation, there is not necessarily the read across when looked at as a whole, with some risks potentially being rated higher or lower than they should be. There is a need to look at how the risks relate to each other. The proposal is to discuss this further as an executive team, together with clinical chairs, and report back to a Board of Directors workshop for ratification.</p> <p>SH advised not much will change in year as the Head of Internal Audit Opinion relies on keeping consistency. However, the work will be completed in preparation for the change in April 2020.</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>		
17/399	LEARNING FROM DEATHS QUARTERLY REPORT		
3 mins	<p>AH presented the report, advising the Trust's position continues to be strong. The process for reporting learning from deaths is well established and the Q2 position is comparable to the Q2 position of the preceding two years.</p> <p>There is a need to improve on learning from mental health deaths as it is now possible to track patients with a mental health condition. The medical examiner is now in place and an advert is out to appoint to the extra sessions to provide Monday to Friday cover. Work is ongoing to establish how best to integrate the role internally and externally with the Coroner's Office and the regional medical examiner.</p> <p>Overall this is a positive report but there is more work to do.</p> <p>The Board of Directors were ASSURED by the report.</p>		
17/400	USE OF TRUST SEAL		
1 mins	<p>SH presented the report, the Trust Seal was affixed to two documents on 18th October 2019.</p> <p>The Board of Directors APPROVED the Use of the Trust Seal</p>		
17/401	SCHEME OF DELEGATION		
1 mins	<p>PR presented the report, advising a review of the Standing Financial Instructions and Scheme of Delegation has been undertaken which has been approved by the Audit and Assurance Committee. The changes are mainly minor job title and portfolio changes.</p> <p>The Board of Directors APPROVED the Standing Financial Instructions and Scheme of Delegation</p>		

17/402	ASSURANCE FROM SUB COMMITTEES		
6 mins	<p>Finance Committee</p> <p>NG presented the report, highlighting there was a long discussion at the last meeting of the Committee in relation to BAF PR4 (Failure to maintain financial sustainability) and PR6 (Breakdown of strategic partnerships). The Committee agreed to keep the risk rating of PR4 unchanged. However, there was recognition of the risk in next year's plan due to the change in the underlying deficit position. The risk rating will be reviewed at the next meeting in light of any changes from non-recurrent FIP to recurrent FIP.</p> <p>People, OD and Culture Committee</p> <p>CT presented the report, highlighting the Committee acknowledged the good work of staff and the external recognition through national awards. There was a focus on things which need to be done going forward. The Trust's workforce strategy, Maximising our Potential, expires next year. Therefore, there is a need to identify the areas to focus on and this will be informed by the national People Plan which is due to be published in January 2020.</p> <p>While organisations and systems will have their strategies, there will be an expectation on organisations to demonstrate a response to the national people strategy. This will also form part of CQC assessments.</p> <p>Charitable Funds Committee</p> <p>TR presented the report, highlighting the target has nearly been reached for the Gamma Scanner appeal. The scanner is going through the final clinical assessment to identify which scanner will be purchased. The Newark Breast Cancer Service appeal is completed and the equipment has been purchased. However, there has been a significant delay with the software supplier. This is being chased through procurement and the surgery division.</p> <p>The Committee discussed and approved the fund managers' information packs and the Charity Trustees have approved the annual report and accounts and investment policy.</p> <p>TR felt charitable funds should be included in the presentations for the AGM to showcase the work of charitable funds within the Trust.</p> <p>The Board of Directors were ASSURED by the reports</p>		
17/403	CHIEF NURSE REFLECTIONS		
30 mins	<p>SuB gave a presentation reflecting on her four years with the Trust, highlighting the developments, successes and the progress which has been made in terms of performance during this time.</p>		

17/404	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"> • Congratulations to staff on national awards • Staff story and the wider context of staff health and wellbeing work • Recognise the work of SuB • Performance – recognising the pressure the Trust is under and referencing cancer and Winter • Success of appeals 		
17/405	ANY OTHER BUSINESS		
	No other business was raised		
17/406	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 5th December 2019, Boardroom, King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 14:00</p>		
17/407	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>		

17/408	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	No questions were raised		