

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 6th March 2025, in the Boardroom, King's Mill Hospital

Present:	Graham Ward	Chair	GW
	Steve Banks	Non-Executive Director	SB
	Andrew Rose-Britton	Non-Executive Director	ARB
	Neil McDonald	Non-Executive Director	NM
	Lisa Maclean	Non-Executive Director	LM
	Richard Cotton	Non-Executive Director	RC
	David Selwyn	Acting Chief Executive	DS
	Claire Hinchley	Acting Director of Strategy and Partnerships	CH
	Richard Mills	Chief Financial Officer	RM
	Simon Roe	Acting Medical Director	SR
	Rob Simcox	Director of People	RS
	Rachel Eddie	Chief Operating Officer	RE
	Phil Bolton	Chief Nurse	PB
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
In Attendance:	Liz Franklin	Lead Chaplain	LF
	Paula Shore	Director of Midwifery	PS
	Nav Sathi	Guardian of Safe Working	NS
	Sue Bradshaw	Minutes	
	Olivia Hammond	Producer for MS Teams Public Broadcast	
	Rich Brown	Head of Communications	
Observers:	Caroline Kirk	Communications Specialist	
	Ian Holden	Public Governor	
	No members of the public		
Apologies:	Barbara Brady	Non-Executive Director	BB
	Manjeet Gill	Non-Executive Director	MG
	Jonathan Van Tam	Associate Non-Executive Director	JVT
	Andy Haynes	Specialist Advisor to the Board	AH

Item No.	Item	Action	Date
25/044	WELCOME		
1 min	<p>The meeting being quorate, GW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&A function.</p>		
25/045	TRIBUTE TO PAUL ROBINSON		
8 mins	DS reflected on the recent death of Paul Robinson, Chief Executive, and a short video was played in memory of Paul.		
25/046	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
25/047	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Barbara Brady, Non-Executive Director, Manjeet Gill, Non-Executive Director, Jonathan Van Tam, Associate Non-Executive Director, and Andy Haynes, Specialist Advisor to the Board.		
25/048	PATIENT STORY - THE CHAPLAINCY SERVICE		
9 mins	<p>LF joined the meeting.</p> <p>LF introduced the Patient Story, which highlighted the work of the Chaplaincy Service at the Trust.</p> <p>GW acknowledged the support provided by the Chaplaincy Service to patients, relatives and members of staff.</p> <p>SB queried what support is provided to staff members and what is the split of time between support provided to staff and support provided to patients and their families. LF advised the team spends approximately 75% of their time supporting patients and 25% supporting staff, noting there is a lot of informal support offered to staff when the team are out and about on the wards visiting patients. Staff also visit the Faith Centre as a quiet space.</p> <p>DS advised an initial meeting is planned for the beginning of April 2025 with a view to establishing a system-wide faith group.</p> <p>LF left the meeting.</p>		

25/049	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 6 th February 2025, the Board of Directors APPROVED the minutes as a true and accurate record.		
25/050	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that action 25/023 was complete and could be removed from the action tracker.		
25/051	CHAIR'S REPORT		
7 mins	GW welcomed Lisa Maclean, Non-Executive Director, to her first Board of Directors Meeting. GW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting governor elections, work of the Trust charity and volunteers, Dragon's Den projects, visit to the Trust by Kathy McLean, Integrated Care Board (ICB) Chair, and Amanda Sullivan, ICB Chief Executive, and 15 Steps visit to the Intensive Care Unit (ICU). The Board of Directors were ASSURED by the report.		
2 mins	Council of Governors Highlight Report GW presented the report, highlighting his appointment as the Trust's substantive Chair until 25 th May 2026, the re-appointment of ARB as a Non-Executive Director for a term of one year and the need for improved forward planning in terms of 15 Steps visits to ensure governors are fully involved. The Board of Directors were ASSURED by the report.		
25/052	ACTING CHIEF EXECUTIVE'S REPORT		
15 mins	DS presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Acting Chief Executive's perspective, highlighting the death of Paul Robinson, Chief Executive, operational pressures, appointment of new Chair for the Place-Based Partnership (PBP), English devolution White Paper, sustainability improvements, success of walking aid reuse and recycle scheme, opening of the staff wellbeing spaces, construction industry placements at the Community Diagnostic Centre (CDC) for two students from West Notts College, apprenticeship programme and the recent Step Into the NHS event. NM noted the Trust's growth profile is likely to continue to increase and queried what discussions are taking place at a system level in terms of re-shaping budgets and funding if primary care is unable to provide a service, which in turn leads to patients presenting to ED.		

	<p>DS advised this has been flagged as an issue and will feed into the planning process for 2025/2026, as well as the transformational change which is planned across the system in 2025/2026. There are a number of workstreams ongoing, for example, looking at elderly frail patients, utilisation of other aspects of the NHS community, etc. There is a need to work with partners.</p> <p>RE advised there are two elements, namely the growth in demand and the work required to avoid attends at ED. It is clear to the Integrated Care System (ICS) there is growth which needs to be mitigated through demand avoidance. However, there is a disproportionate shift in demand to SFHFT. Some of this is potentially driven by changes in flows across the system and some of which is driven by differential access to primary care. There is a recognition that there is a need for a discussion about how resources are used across the system to support SFHFT. The vehicle for this is the current planning round.</p> <p>RM advised, in terms of funding flows, the challenge is the money the system has as an allocation, is the allocation and the reality is that amount is not sufficient to pay for all the services which are being provided across Nottinghamshire. The Trust is seeking a fair share, including recognition for the disproportionate flows of emergency care. The reality is the system and Trust needs to live within their means. Therefore, there is a need to identify other areas where spend can be reduced. Where patient flow into the organisation and Nottinghamshire from outside of the county can be evidenced, there is a need to ensure that is reflected.</p> <p>ARB queried how the PBP is developing to support the growth in demand and other pressures. DS advised the Trust has to have a strong voice in the PBP, noting there is a lot of work to do. CH advised it has been agreed to have a Place Based workshop, where all partners will come together, to agree the workplan for the PBP.</p> <p>The Board of Directors were ASSURED by the report.</p>		
25/053	STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME		
15 mins	<p>PS joined the meeting</p> <p>Maternity Update</p> <p><i>Safety Champions update</i></p> <p>PB presented the report, highlighting Safety Champions' walkaround, Perinatal Forum, service user feedback, ongoing cultural work, neonatal services and compliance with NHS Resolution (NHSR) safety actions for Year 6 and Saving Babies Lives care bundle.</p> <p>SB sought further information in relation to Element 3 of the Local Maternity and Neonatal System (LMNS) data, which relates to reduced Foetal Movements (RFM). PS advised there are different subsets within each of the elements, for example, clinical and data collection. There is an issue at the Trust in relation to how the data is collated. The Trust is working with the LMNS to improve data collection processes.</p>		

	<p>NM referenced positive improvements generated by the Quad+3 Project and queried how these could be utilised in other parts of the Trust to start to drive cultural change. RS advised there is a need to showcase good practice via 'communities'. In addition, there is the wider improvement journey which the Improvement Faculty are working on. DS advised a regular improvement showcase event is planned, with 'stalls' being set up in the KTC, to showcase good practice and share it with colleagues across the Trust.</p> <p>PB advised the cultural competency work is midwifery focussed, but this has been widened to encompass other areas</p> <p>The Board of Directors were ASSURED by the report.</p> <p><i>Maternity Perinatal Quality Surveillance Model</i></p> <p>PB presented the report, highlighting 3rd and 4th degree tears. PB advised the home birth service was suspended overnight on three occasions during January 2025.</p> <p>PS advised the Trust did a presentation in relation to antepartum haemorrhage cases at a recent regional shared learning event.</p> <p>ARB queried how family's expectations are managed when there is a need to suspend the home births service. PS advised there were no women affected by the three suspensions in month and five babies were delivered at home. The Trust is aware of when babies are due, where a home birth is booked, and if someone is due when the service has to be suspended, they will be contacted and support will be sought from neighbouring units.</p> <p>The Board of Directors were ASSURED by the report.</p>		
25/054	STRATEGIC OBJECTIVE 2 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE		
17 mins	<p>Nursing, Midwifery and Allied Health Professions (AHP) Staffing bi-annual report</p> <p>PB presented the report, highlighting compliance with the National Institute for Health and Care Excellence (NICE) safe staffing guidance, establishment review, clinical educator process, advanced clinical practitioner (ACP) roles, Allied Healthcare Professionals (AHP) workforce job planning and maternity services.</p> <p>GW noted the need for safety to come first, second and third. However, the ask from the establishment review is to increase staffing by 1.84 whole time equivalents (WTE) nett, at a cost of £65,487. Given the Trust's current financial position, GW queried if everything possible had been done in terms of efficiencies to ensure this figure is as low as possible. PB advised Monday to Friday, when there is a lot of staff resource on site, the Trust is able to manage within the staffing 'footprint' as staff can be moved to different areas as required. However, this is more challenging out of hours when there is less staff resource. This is spend which is already in place, but it is being put into the establishment in a controlled way. Other than enhanced care, the Trust works within the establishment.</p>		

13 mins	<p>RM advised this is an evidence-based establishment to ensure the Trust is planning for safe care. During 2024/2025 the Trust has been very close to the establishment figure, with the amount the Trust was over establishment being roughly equivalent to the ask outlined in the report. The ask within the report sets the establishment and budget at the right level. It is important controls are in place to ensure the Trust does not go over and above the establishment level which has been set. RM noted the benchmarking information in relation to care hours per patient day. SFHFT is not an outlier in terms of the size of the nursing workforce.</p> <p>DS advised it is important to keep the organisation safe for its patients. However, there is national interest on establishment figures. There is a need to be clear on the impact of quality and safety measures which have been introduced.</p> <p>RS advised within the establishment is a percentage 'headroom' which takes into account annual leave, sickness absence, etc. There is an opportunity for this element to be more visible through the People Committee and how different departments manage this.</p> <p>GW noted the need to reduce bank and agency spend and ensure the improvements in relation to that are delivered. A strong, steady, substantive workforce creates the best environment for patients.</p> <p>RM advised nursing workforce numbers and spend are routinely reported to the Finance Committee. However, it may be useful to have a Finance Committee workshop session dedicated to this towards the end of Quarter 1 (Q1) of 2025/2026.</p> <p>Action</p> <ul style="list-style-type: none"> • Nursing workforce numbers and spend to be a topic for a Finance Committee workshop at the end of Q1. <p>The Board of Directors were ASSURED by the report and APPROVED the 1.84 WTE uplift in the establishment, at a cost of £65,487.</p> <p>PS left the meeting</p> <p>Medical Workforce Staffing – bi-annual report</p> <p>SR presented the report, highlighting job planning, appraisals, General Medical Council (GMC) revalidation, doctors' mess, Resident Doctors' forums, bid for additional training posts and review of pay rates.</p> <p>DS advised the National Medical Director of NHS England (NHSE) is leading a piece of work looking at medical training and ensuring it is fit for the future.</p> <p>GW felt there are two aspects to job planning, getting the plans in place and the quality of the plans. SR advised the Trust has robust consistency panels in place in relation to job planning posts, which are attended by all of the divisions. A job plan will not be signed off until it has gone through a consistency panel, which provides an additional layer of assurance compared to other organisations.</p>	RM	03/07/25
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<p>17 mins</p>	<p>There is a system in place which allows the Trust to look at what is in job plans and what that should deliver in terms of activity. There is also the ability to look at activity delivered, compared to what was in the job plan.</p> <p>RS noted the need to showcase the improvement journey the Trust has been on in introducing this system, noting there is a challenge to move this away from being a fairly manual process.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Guardian of Safe Working</p> <p>NS joined the meeting</p> <p>NS presented the report, highlighting the number of vacant posts, visits to clinical areas, Resident Doctor Forums, national review of the exception reporting process and Guardian Newsletter.</p> <p>NS advised there were 33 exception reports in the period from 1st November 2024 to 31st January 2025, of which 31 were due to working additional hours and 2 were due to missing natural breaks. All 33 exception reports have now been closed. Further information on the exception reports raised is included in the report.</p> <p>NM sought clarification if the issue of incivility within ED related to staff or patients. NS advised this relates to how staff speak to each other, advising while this is not an issue for the majority of time, it was raised on a walkaround there were instances of staff speaking incorrectly. This is being taken forward through the appropriate channels and staff are being reminded of how to speak to each other and encouraged to reflect on how things can be done better.</p> <p>SR advised this sometimes relates to referral pathways, when there is a lack of clarity in relation to which speciality the patient needs to be referred to. Work is underway to refine specialty pathways. DS advised there is a need to 'call out' behaviours, noting one person's robust clinical discussion is another's incivility. There is a need to recognise how behaviours 'land'.</p> <p>SB queried if information from the Staff Survey is available to the Guardian of Safe Working to allow for triangulation of feedback. RS advised multiple stakeholders will be engaged with when the Staff Survey results are available. A more 'joined up' approach will be developed to take forward the Staff Survey feedback. SR advised in addition to the Staff Survey, information is available from the national GMC Trainee Survey.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>NS left the meeting</p>		
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25/055	STRATEGIC OBJECTIVE 5 – SUSTAINABLE USE OF RESOURCES AND ESTATE		
14 mins	<p>Annual Update on the Trust's Green Plan</p> <p>RM presented the report, highlighting grant monies from the National Energy Efficiency Fund (NEEF) and the NHS Centralised Energy Purchasing Agreement (CEPA), installation of sensors in operating theatres, roll out of power down of computers and laptops when they are not in use, installation of electric vehicle charging points, Climate Action Group, carbon literacy training, clinical progress and plans for 2025. It was noted the Green Plan will be refreshed in 2025.</p> <p>SB queried if mapping of the Trust's progress towards achieving an 80% reduction in emissions by 2028 to 2032 could be included in future reports. RM advised carbon usage is measured through the Estates and Facilities Management Group and is fed into the Sustainability Oversight Group. A report can be shared with members of the Board of Directors and the information will be included in future updates.</p> <p>Action</p> <ul style="list-style-type: none"> Report showing the Trust's carbon usage and progress towards achieving an 80% reduction in emissions by 2028 to 2032 to be circulated to the Board of Directors. <p>DS acknowledged the progress made but noted there is more the Trust should and can do.</p> <p>CH advised colleagues in the Improvement Faculty have completed their sustainable quality improvement training. Therefore, sustainability will be a key part of improvement projects in the future. In addition, there has been a commitment from the Divisional Leadership Team to undertake the sustainable quality improvement training.</p> <p>NM felt an evaluation of sustainability should be built into future investments, for example, building projects. RM advised sustainability is included in the business case process, but it will be useful to ensure this is included in the post-project evaluation process.</p> <p>The Board of Directors were ASSURED by the report.</p>	RM	03/04/25
25/056	USE OF THE TRUST SEAL		
1 min	<p>SBS presented the report which confirms the Trust Official Seal has been affixed to the following documents, in accordance with Standing Order 10 and the Scheme of Delegation:</p> <ul style="list-style-type: none"> Seal number 119 was affixed to a document on 22nd January 2025 for Nottingham University Hospitals. The document related to the renewal of the lease for the Dialysis Unit <p>The Board of Directors NOTED the use of Trust Seal number 119.</p>		

25/057	PROPOSAL TO UPDATE THE CONSTITUTION		
5 mins	<p>SBS presented the report, advising of the proposed changes to the Trust's Constitution to enable the forthcoming governor elections to be held via electronic means only. The actions being taken to contact Trust members without an e-mail address were highlighted.</p> <p>The Board of Directors APPROVED the amendments to the Trust's Constitution.</p>		
25/058	ASSURANCE FROM SUB-COMMITTEES		
5 mins	<p>Finance Committee</p> <p>GW presented the report, highlighting the Trust's financial position at the end of Month 10, cash position, financial planning for 2025/2026, Patient Level Information and Costing System (PLICS) and review of Board Assurance Framework (BAF) Principal Risk (PR) 4 - Insufficient financial resources available to support the delivery of services, and PR8 - Failure to deliver sustainable reductions in the Trust's impact on climate change.</p> <p>The Board of Directors were ASSURED by the report.</p>		
25/059	SPOTLIGHT ON – THE NEW TELEDERMATOLOGY CLINIC		
12 mins	<p>A short video was played highlighting the work of the Teledermatology Clinic.</p> <p>RC queried if patients have to attend the Trust in person, or if photographs can be taken on mobile devices and submitted by GPs, etc. SR advised the Trust's Medical Photography Department take the images. There are teledermatology systems that utilise smart phone devices, but these do not provide the required quality of image.</p> <p>GW noted the need to communicate this service to Primary Care.</p>		
25/060	COMMUNICATIONS TO WIDER ORGANISATION		
3 mins	<p>The Board of Directors AGREED the following items would be disseminated to the wider organisation:</p> <ul style="list-style-type: none"> • Details of the Trust's celebration of the life of Paul Robinson once details are known. • Governor elections. • Work of the Trust's volunteers. • Work of the Estates Team in relation to the Trust's green agenda. • New staff wellbeing areas. • Update on building work on Level 6. • Step Into the NHS event. • Chaplaincy Service and Teledermatology Clinic. • Work of the Critical Care Team. • Financial climate moving into 2025/2026. 		

25/061	ANY OTHER BUSINESS		
1 min	No other business was raised.		
25/062	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 3rd April 2025 in the Boardroom at King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 11:45.</p>		
25/063	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>Graham Ward</p> <p>Chair Date</p>		

25/064	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
1 min	<p>GW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>No questions were raised from members of the public.</p>		
25/065	BOARD OF DIRECTOR'S RESOLUTION		
1 min	<p>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting.</p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest."</p> <p>Directors AGREED the Board of Director's Resolution.</p>		