

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on
Thursday 5th May 2022 in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Manjeet Gill	Non-Executive Director	MG
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	StB
	Aly Rashid	Non-Executive Director	AR
	Andrew Rose-Britton	Non-Executive Director	ARB
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Richard Mills	Chief Financial Officer	RM
	Julie Hogg	Chief Nurse	JH
	David Selwyn	Medical Director	DS
	Emma Challans	Director of Culture and Improvement	EC
	Simon Barton	Chief Operating Officer	SiB
Marcus Duffield	Associate Director of Communications	MD	
In Attendance:	Rob Simcox	Deputy Director of People	RS
	Sue Bradshaw	Minutes	
	Danny Hudson	Producer for MS Teams Public Broadcast	DH
	Sarah Seddon	Maternity Parents' Voice Champion	SS
	Alison Steel	Head of Research and Innovation	AS
Observers:	Robin Binks	Deputy Chief Nurse	
	Sue Holmes	Public Governor	
	Isobel Carpenter		
Apologies:	Clare Teeney	Director of People	CT
	Shirley Higginbotham	Director of Corporate Affairs	SH

Item No.	Item	Action	Date
18/391	WELCOME		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>Noting that due to the circumstances regarding Covid-19 and social distancing compliance, the meeting was held 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>		
18/392	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
18/393	APOLOGIES FOR ABSENCE		
1 min	<p>Apologies were received from Clare Teeney, Director of People and Shirley Higginbotham, Director of Corporate Affairs.</p> <p>It was noted Rob Simcox, Deputy Director of People, was attending the meeting in place of Clare Teeney.</p>		
18/394	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors in Public held on 7 th April 2022, the Board of Directors APPROVED the minutes as a true and accurate record.		
18/395	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 18/195.1, 18/195.2 and 18/366 were complete and could be removed from the action tracker.		
18/396	CHAIR'S REPORT		
2 mins	<p>CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, advising the newly elected governors have now completed their induction and have taken up their roles.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/397	CHIEF EXECUTIVE'S REPORT		
5 mins	PR presented the report, highlighting the continuing high demand for the Trust's services, which led to the declaration of a critical incident on 12 th April 2022. It was acknowledged this is the last Board of Directors meeting for Julie Hogg, Chief Nurse, before she leaves SFHFT to take up her new role at University Hospitals, Leicester. Thanks were expressed to JH for her work during her time at SFHFT.		

	<p>AR queried what actions could be taken forward into Winter from the learning from the critical incident in order for the Trust to be better prepared. SiB advised there were three elements to deal with the incident, namely the opening of additional capacity, pausing of elective surgery and increasing supportive discharges. The main area to take forward is the increase in supported discharges and to work with partners to make this more sustainable for the future.</p> <p>PR advised the Integrated Care Board (ICB) Chief Executive Designate held daily meetings throughout the incident and holds weekly meetings with all partners across the system. It has been agreed there will be a lessons learnt discussion in that forum.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>3 mins</p>	<p>Integrated Care System (ICS) Update</p> <p>PR advised the Health and Care Bill has now received Royal Assent. This confirms the establishment of the Integrated Care Board and Integrated Care System (ICS) on 1st July 2022. There were some amendments made during the final stages of the Bill, namely an additional NHS Provider partner member of the ICB to represent mental health. In Nottinghamshire, the designate appointments of the officers of the ICB is complete.</p> <p>In terms of Provider Collaboratives, KPMG have been commissioned to carry out a piece of work to identify the opportunities and key focus for the collaborative. This work will take place in May and into June 2022.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>8 mins</p>	<p>COVID-19 Vaccination Update</p> <p>RS presented the report, advising over 210k vaccines have been administered through the Hospital Hub. The Hospital Hub has now relocated from the Education Centre to the ground floor of TB3. The Board of Directors acknowledged the support provided by colleagues in the Education Centre in hosting the Hospital Hub. Plans continue to be shaped to deliver anticipated further boosters in Autumn 2022.</p> <p>BB noted the report does not contain a breakdown of staff uptake of the vaccination by division and staff group. BB felt it would be useful for reports in the Autumn to also show uptake of the flu vaccination. RS advised data in relation to staff uptake of the vaccination is included in the Single Oversight Framework (SOF) report. Consideration is being given to the co-administration of flu and Covid vaccinations in the Autumn.</p> <p>AH requested an update on uptake of the vaccination within the local population, particularly in terms of the harder to reach areas where people may not yet have had their first doses. In addition, AH requested an update in relation to the booster programme in care homes. RS advised he did not have the figures to hand but this information could be included in the report for June 2022.</p>		

	<p>Action</p> <ul style="list-style-type: none"> • Information in relation to uptake of the Covid vaccination across Nottinghamshire, including the booster programme, to be included in future Covid vaccination reports <p>AR noted the number of Did Not Attends (DNAs) and queried if any consideration had been given to an awareness campaign highlighting wasted resources, etc. RS advised DNAs are generally due to people being vaccinated elsewhere and not cancelling their appointment. The Trust is trying to raise the profile of the importance of notifying the Hub if an appointment needs to be cancelled. The vaccine offer has been made as easy as possible and people do not need to book an appointment.</p> <p>DS advised there was some communication about booking for a vaccine at the same time as the Hub opened up for walk-ins and felt these two messages were counterproductive as people did book but then did a walk-in elsewhere for their vaccination.</p> <p>SiB advised there has been an increase in DNAs for outpatients as deprivation deepens. DS advised the Trust tried to push the vaccine bus into areas of deprivation.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>CT</p>	<p>09/06/22</p>
<p>18/398</p>	<p>REFLECTIONS ON OCKENDEN</p>		
<p>22 mins</p>	<p>SS joined the meeting</p> <p>SS gave a presentation detailing some reflections on the Ockenden Report and outlining her own experience as a bereaved mother.</p> <p>CW thanked SS for sharing her story.</p> <p>JH felt SS's story helped to bring Ockenden to life. SS's role as Maternity Parents' Voice Champion is a new role but she is already starting to amplify the voices of women and their families.</p> <p>PR expressed thanks to SS for sharing her story, acknowledging it was a difficult thing for her to do. It has helped the Board of Directors to understand what it feels like and what it means to families, rather than just reading reports.</p> <p>MG felt the story helped to highlight the human side of Ockenden. MG queried what further work can be done to listen to families where English may be a second language and where there may be cultural differences. SS advised work is in the planning stage but consideration is being given to the different groups in the community the Trust can reach out to. SS advised she is talking to people on the ward and offering advice in relation to the help available if women and their families are struggling to understand English.</p> <p>JH advised SS works closely with the Maternity Voices Partnership across Nottinghamshire.</p>		

	<p>StB felt it would be useful to encourage others to share their experiences with the Board of Directors and make requests of the Board as this adds impact and responsibility.</p> <p>GW felt this was a very moving presentation with SS putting the message across very well. There is a need to think about the human impact.</p>		
<p>18/399</p>	<p>STRATEGIC PRIORITY 1 – TO PROVIDE OUTSTANDING CARE</p>		
<p>11 mins</p>	<p>Maternity Update</p> <p><i>Ockenden Report update</i></p> <p>JH presented the report, advising the Trust is compliant with six of the seven immediate and essential actions arising from the initial Ockenden report. The national team will shortly be publishing all maternity units' compliance with the initial actions and SFHFT benchmarks well.</p> <p>There are a further 15 actions which the Maternity Assurance Committee is currently working through. The initial work evidences a lot of compliance but there is more work to do and some areas will require investment.</p> <p>The Board of Directors were ASSURED by the report</p> <p><i>Safety Champions update</i></p> <p>JH presented the report, highlighting the service user voice, Maternity Safety Champions walkaround, Maternity Forum, the lifting of visiting restrictions, smoking cessation service and the SCORE safety survey.</p> <p>SiB queried when the output of SCORE will be available and where this will be reported. JH advised the data will be reported through the Maternity Assurance Committee which will feed up to the Quality Committee.</p> <p>StB felt this work is very midwife focussed, noting mothers to be will be in contact with other professions. StB queried if there is anything further which needs to be done to pick up issues in a different way. JH advised the walkarounds and maternity forum are open to all professionals. There is an obstetric presence and increasingly there is an aesthetic and theatre team presence. The walkaround on 4th May 2022 was at 9am and there were more members of the multi-professional team available to speak to. Membership of the Maternity Assurance Committee has been widened following Ockenden. There is varying attendance on the walkarounds and there needs to be a focus on increasing attendance.</p> <p>The Board of Directors were ASSURED by the report</p> <p><i>Maternity Perinatal Quality Surveillance</i></p> <p>JH presented the report, highlighting the Apgar score and an incident of moderate harm relating to a delay in a category one caesarean section.</p>		

<p>8 mins</p>	<p>MG noted a new system was implemented in April for the Friends and Family test, which may cause some disruption. Further information was sought in relation to this. JH advised the reporting is not yet available. However, it is anticipated the response rate will have reduced due to the transition to the new service. Text messages were unable to be sent for the first three weeks of April. The messages will go out, but they have been delayed.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Quality Strategy</p> <p>JH presented the report, advising there are four campaigns. In developing the strategy there was been wide engagement with the multi-professional teams. The strategy is consistent with the ICS Quality Strategy and has been approved by the Quality Committee.</p> <p>DS advised there are two key elements to the strategy, namely the open and transparent culture within the Trust and patient safety aspects.</p> <p>EC felt it important to keep listening, engaging, understanding, learning and improving. SiB felt it is key the individual strategies integrate with each other as improved culture leads to improved quality.</p> <p>PR noted the word listening is not included in the strategy. While not necessarily changing the wording, there is a need to consider how listening to patients and staff experiences is built into quality improvement strategies. DS advised the strategy includes a lot of references to learning. This could be changed to listening and learning.</p> <p>AH referenced previous discussions by the Board of Directors in relation to the cultural heat map. There is a need to consider how that is incorporated going forward.</p> <p>MG felt it would be useful to see more information in relation to equitable services. JH felt it would be helpful to get feedback from SS to ensure the strategy responds to the asks she made of the Board of Directors. Ways of measuring equity and health inequalities will be explored. This originated from the ICS work and, therefore, the Trust will be reporting on these aspects.</p> <p>The Board of Directors APPROVED the Quality Strategy</p> <p>SS left the meeting</p>		
<p>18/400</p>	<p>STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE</p>		
<p>22 mins</p>	<p>Staff Survey and Action Plan</p> <p>EC presented the report, advising the results are positive and show SFHFT is a highly engaged organisation. However, the impact of Covid is evident. Colleagues are tired and there has been an impact on training and development over the last two years. Three core themes have been identified as priorities namely, valuing you, caring for you and developing you.</p>		

A number of areas for focus have already been identified through the development of the People, Culture and Improvement Strategy. A number of priorities and measures of success have been identified for the coming 12 months.

The Trust has taken a collaborative approach to communicating and engaging with colleagues in sharing the results and empowering divisions to take the results forward.

AH queried if the Trust was looking to learn from other organisations who were performing better than SFHFT in terms of appraisals. EC advised a review has been undertaken of better performing organisations and buddying arrangements are being considered to enable the sharing of best practice. There is a national rollout of Scope for Growth, which the system is aligned with, and this is being developed into the talent management approach.

SiB highlighted two areas of concern, namely staff working additional paid hours and not enough staff to do the job properly, noting the Trust has deteriorated more than the national change in these two areas. SiB felt there is a need to focus on these areas. EC advised there is a need to have a workforce plan which is heavily linked to recruitment and retention. In terms of working additional paid hours, there is a need to understand if this relates to colleagues who are also on the Bank as this may underlie the figure for working additional paid hours.

CW noted the deterioration in the number of people who are thinking of leaving the Trust. It is not clear if this relates to staff who are in jobs which are transferrable outside of the health sector or if they are healthcare professionals. A different approach is needed to these different staff groups and the challenges and opportunities which present to them in the local economy.

RS acknowledged the last two years have been incredibly challenging for individuals and there is a need to consider how to empower staff and value their contributions and efforts. The Trust needs to have an understanding of what the workforce will look like over the next 3-5 years and put measures in place to enable conversations in relation to areas where there is fragility. In addition, there is a need to understand the workforce in its totality, recognising where bank and temporary opportunities have complimented some of the capacity challenges faced. If the system moves to the concept of provider collaboration, there is a need to consider how SFHFT can support partners as a future Bank is shaped and developed, which may be able to support some of the community services.

AR queried if there was sufficient resource to deliver 'caring for you' and 'developing you' noting it would be useful to include an indicative monetary sum in future reports.

ARB queried if the demographics of workforce and the risks associated with the various roles are considered, with advertising and work in relation to retention targeted accordingly. RS advised the workforce strategy will include a baseline of the current workforce demographic, including where they live, etc.

<p>21 mins</p>	<p>StB noted the changes to the membership of the Board of Directors and felt consideration and support should be provided to newer members of the Board of Directors so they feel well equipped to play their role in maintaining and/or improving performance.</p> <p>BB felt the Staff Survey is only part of the overall picture and queried how other intelligence is used during the year so there is nothing unexpected in the Staff Survey results. BB queried how this is built into monitoring systems.</p> <p>RM felt live monitoring and feedback is part of active listening and there is a need to ensure the right forums are in place to obtain feedback on a regular basis. Appraisals need to be personal, tailored conversations.</p> <p>EC advised the importance of having a good culture in the organisation is highlighted at the Trust's induction and there is a need to continually monitor this as a Board of Directors. The Trust is looking to strengthen the quarterly Pulse survey to gather additional feedback. The culture insights development work will triangulate information from complaints, incidents, Freedom to Speak Up, Pulse survey, etc.</p> <p>The Board of Directors were ASSURED by the report</p> <p>Nursing, Midwifery and Allied Health Professions (AHP) Staffing Annual Report</p> <p>JH presented the report, highlighting the vacancy rate on the funded establishment, care hours per patient day, rollout of the Safer Nursing Care Tool, international recruitment, staffing challenges and risks within therapy services. There were 744 nursing and midwifery staffing related incidents over the year, all of which resulted in low or no harm. JH confirmed the workforce safeguards have been reviewed.</p> <p>GW sought further information in relation to the requested uplifts to ward establishments.</p> <p>JH advised the Safer Nursing Care Tool is run three times per year to assess the acuity and dependency of every patient on every ward for a month. Multipliers within the tool identify what the establishment should be. An average over the three months is taken and professional judgement applied in relation to issues such as what the ward layout looks like, how this triangulates with harm, patient experience and colleague experience, etc. This is a multi-professional review.</p> <p>JH advised approval is sought for an evidence based uplift which can be actioned within the existing 'envelope'. There is a further request for approval of uplifts which cannot be managed in the existing 'envelope' but there is assurance these are required as a result of the programme. The cost of this is £380k.</p>		
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There are two wards currently operating outside of their usual speciality and bed base. These are Ward 43, as the Respiratory Support Unit (RSU), and the old Ward 21 which is funded for 16 beds but has not been within this bed base for over a year. The RSU has a higher nurse to patient ratio and is very reliant on temporary staffing. A strategic decision is required about the status of these wards. If they are to continue in their present form, an uplift of £1,063,994 is required to maintain this substantively. This is key to reducing agency spend.

Finally there are some divisional requests where the division believe there is a need, but this does not form part of the evidence based ward establishment. These additional service improvement requests are being progressed via the service development business case route.

GW advised he would expect to see business cases for second two asks (i.e. those relating to the RSU and Ward 21 and the divisional requests). JH confirmed approval is currently only being sought for the first two asks (the evidence based uplifts), with the second two as 'placeholders'.

RM advised the first two requests are fully factored into the financial plans and divisional budgets for 2022/2023. The RSU and Ward 21 are included in current spending run rates. There is a need to go through a decision making process about the best use of the money which is already being spent and the best operational response to that capacity. This will go through the governance processes but has been factored in as operational costs within the financial plan. The final ask is subject to business cases and further review at a system level and is not factored into the financial plan.

AH noted the risks in relation to AHP staffing and felt pharmacy is another risk area. AH advised he would like to see the same rigour applied to non-medical roles.

BB felt consideration should be given to the use of new 'types' of roles, how they feature and how they address some of the gaps in competencies where traditionally solutions might have been sought from medicine, nursing or AHPs.

RS felt there is a need for greater visibility of all staff groups and the Workforce Strategy will be split by staff group and have a greater focus on some of the smaller staff groups. There is a need to build on the workforce plan to understand what the workforce will look like in the next 3-5 years. This will inevitably identify some risks and there is a need to plan how to mitigate those risks and think about doing things differently. There is also a need to consider how strategic decisions are made in relation to investment. The Advancing Clinical Professionals (ACP) role will be an enabler to potentially mitigate some of the fragile services.

EC felt it important the Trust does not lose sight of the administrative workforce as nationally there is equally a challenge recruiting to admin roles.

The Board of Directors were ASSURED by the report and APPROVED the uplifts to ward establishments

10 mins	<p>Medical Workforce Staffing</p> <p>DS presented the report, highlighting medical appraisals, Clinical Fellows Programme, annual review of competencies, General Medical Council (GMC) revalidation, job planning, medical vacancies, Bank and agency expenditure, increase in medical trainees and medical staffing at Newark Hospital.</p> <p>AR sought clarification in relation to the 13 trainee vacancies quoted in the report. DS advised this figure has reduced compared to historical numbers. However, it is a concern as the Trust has to cover those vacancies with short term, expensive cover. Some of the vacancies are outwith the Trust's control and others are related to expansion. The Trust is working to close the gap.</p> <p>The Board of Directors were ASSURED by the report</p>		
18/401	<p>STRATEGIC PRIORITY 4 – TO CONTINUOUSLY LEARN AND IMPROVE</p>		
16 mins	<p>Research Strategy – Annual Report</p> <p>AS joined the meeting</p> <p>AS presented the report, highlighting recruitment, activity by speciality, finance, patient experience and highlights of 2021/2022.</p> <p>AH noted there are various pieces of work commencing in relation to health inequalities and felt the academic links may be interested in pursuing this. DS felt the study in relation to preparing patients may link into this. As the ICS going forwards includes Bassetlaw, this may provide an opportunity to link into Sheffield.</p> <p>AS advised this is something which can be explored. However, in terms of the Clinical Research Network (CRN), who are the overall funder and overseer for research, Bassetlaw still comes under Sheffield CRN, which may be a limiting factor.</p> <p>The Board of Directors were ASSURED by the report</p> <p>AS left the meeting</p>		
18/402	<p>STRATEGIC PRIORITIES – QUARTER 4</p>		
4 mins	<p>EC presented the report, highlighting the progress made in all priority areas and the alignment to strategies.</p> <p>MG queried what review process takes place at year end to look at what has and has not been achieved and why during the year and how this feeds into 2022/2023. MG noted the Innovation Hub is not currently taking place at a Mid-Nottinghamshire level and queried if some benefits are being lost if this is just within the Trust.</p> <p>EC advised in shaping the priorities for 2022/2023, the priorities for 2021/2022 have been taken into consideration to identify what areas remain a priority and for these to be built into 2022/2023. The Trust has identified what was delivered in 2021/2022 and what needs to continue.</p>		

	<p>In terms of the Innovation Hub, a bid has been submitted as part of a health foundation and it is hoped a new approach can be taken going forward. The plan is to build on a Provider Collaborative approach initially and then look to the wider system. It is hoped funding can be secured to mobilise this.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>18/403</p>	<p>SINGLE OVERSIGHT FRAMEWORK (SOF) QUARTERLY PERFORMANCE REPORT</p>		
<p>44 mins</p>	<p>PEOPLE AND CULTURE</p> <p>EC highlighted the increase in compliance with mandatory and statutory training, Staff Survey engagement work and the vision for continuous improvement.</p> <p>RS highlighted the staff wellbeing agenda, increase in non-Covid related absence, flu vaccination campaign, Covid vaccination uptake, portability of learning between organisations and recruitment microsite.</p> <p>QUALITY CARE</p> <p>JH highlighted falls and nosocomial Covid infections.</p> <p>DS highlighted Never Events and serious incidents, Hospital Standardised Mortality Ratio (HSMR), venous thromboembolism (VTE) and cardiac arrests.</p> <p>CW referenced the Never Events and queried what more can be done in terms of colleagues recognising the WHO checklists as a priority. DS advised the majority of Never Events reported are outwith the operating theatre environment, noting the WHO checklists were primarily developed for operating theatres. There are a series of modified WHO checklists for other areas and there is a need to ensure there is a consistent process and this is applied consistently. Sometimes distraction is a factor. For example, if an injection is being given in a shoulder, the consent and discussion about the procedure takes place facing the patient and the procedure is done behind the patient. It is useful for another member of staff to be present for them to double check before the procedure, but patients have been known to agree to procedures on the wrong site.</p> <p>CW queried if there is any work which can be done with patients to empower them to speak up. DS advised this can be considered but there is evidence to suggest patients agree to procedures on the incorrect site.</p> <p>AH queried if 'stop the line' incidents are measured. DS advised it is important to have a pause moment to confirm the right thing is being done to the right person at the right time. This is something the Trust encourages and is part of the education.</p>		

BB referenced the nosocomial Covid infections, noting a visitor came to the hospital knowing they were positive for Covid. The Trust can do everything possible to reduce and mitigate risk, but this was due to behaviour within the community. There is a need to communicate to the local population about the responsibility they have for their behaviour and how it puts patients and staff at risk. Due to lateral flow tests kits no longer being available for free, it is likely more people will come to the hospital who have Covid but do not know and this will impact on nosocomial infections.

AH noted the number of medically fit patients is a contributory factor to the increased falls rate and queried how many of these patients have fallen. Noting the plans to discharge these patients to care home step down beds, is there a risk they will fall there and this risk is just passed on.

JH advised the team has that data and will know how many patients who had a fall were deemed medically fit, but did not have the data to hand. However, they are generally patients waiting for interim care or to return to a care home. The number of Covid outbreaks in the community has led to in excess of 100 care homes being closed. The Trust does everything possible to get patients into the best physical condition possible before they go back to their care home or new home placement. The Trust will be passing the risk on, as the patients' risk of falling will be part of the reason they cannot live independently.

SiB advised this cohort of patients are at a risk of falls wherever they are, but are at a lesser risk in their familiar home environment than they are in hospital. The important thing is for them to be in the right place.

TIMELY CARE

SiB advised the ED 4 hour wait was 80.2% in March, ranking SFHFT seventh in the NHS. The mean time in ED for an admitted patient was 24 minutes longer than it was in March 2020. 49 patients waited over 12 hours for admission to a bed, the majority of these were at the end of the month when ED attendances were high. A sample of these cases will be discussed at the Patient Safety Committee.

It was noted the majority of waiting times are driven by exit block, the root cause of which is the continuing increase in the number of patients who are medically safe for discharge, which reached a peak of 120 in March. There is a business case being worked through at system level in relation to investment in the social care workforce, which is key to the long term solution. The Trust continues to implement different ways of managing this group of patients.

Despite the pressures, the Trust's ambulance turnaround times remain good and are the lowest in the East Midland Ambulance Service (EMAS) area.

SiB advised the cancer backlog is now below 100 and the Trust is on track to achieve the target of 70 by March 2023. The current average wait for treatment is 6 days longer than it was before the pandemic. Demand has grown by 20%.

	<p>Demand and capacity work in relation to cancer is underway at a system level and this is due to report in the next couple of months. This will aid understanding of how cancer is diagnosed across Nottinghamshire. Cancer requires a system response as 70% of patients on a cancer pathway with SFHFT, will also receive treatment at Nottingham University Hospitals (NUH). Patients waiting over 100 days have regular contact with a nurse specialist who is able to bring them in if there are any concerns.</p> <p>AR felt people in deprived communities who have cancer are more likely to present late and have worse outcomes. AR noted the system work but felt this issue is more urgent and queried if there is anything the Trust can do to progress this. SiB advised internally the Trust could prioritise cancer. However, this will lead to an increase in routine waits.</p> <p>AR noted referrals have increased by 20% but what is not known is what percentage of those referrals will translate into cancer. SiB advised there is no greater yield. The proportional increase in cancers is in line with the referral increase. Every cancer referral has at least five interventions. Therefore, 1,000 more referrals equates to 5,000 more pieces of activity. Cancer patients are currently waiting only one week longer than before the pandemic. There is a sustained increase in demand. The key is to establish if the week extra wait makes a material difference to a patient's outcome.</p> <p>CW noted there are three specialities where cancer is particularly challenging in terms of waits. The other specialities will have a similar proportional increase in the number of cases. CW queried if there is any learning from those specialities. SiB advised the other specialties have lower numbers and, therefore, can consume a 20% increase as the number of interventions is still low. However, lower GI, for example, has a large number of referrals which translates to a large number of interventions.</p> <p>BEST VALUE CARE</p> <p>RM outlined the Trust's financial position at year end.</p> <p>The Board of Directors CONSIDERED the report</p>		
<p>18/404</p>	<p>FIT AND PROPER PERSON</p>		
<p>1 min</p>	<p>PR presented the report, advising the CQC Regulation 5, Fit and Proper Persons requirement, applies to all directors. A review of the personal files of all directors noted the evidence required to meet the requirements.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>18/405</p>	<p>NHSI SELF CERTIFICATION</p>		
<p>1 min</p>	<p>PR presented the report and advised this is an annual self-certification. This has previously been discussed by the Executive Team. There is no longer a requirement to submit the declaration to NHSI but it does need to be published on the Trust's website.</p>		

	<p>The Board of Directors APPROVED the declarations required by General Condition 6 and Continuity of Service Condition 7 of the NHS provider licence.</p> <p>The Board of Directors APPROVED the FT4 declaration</p>		
18/406	ASSURANCE FROM SUB COMMITTEES		
8 mins	<p>Audit and Assurance Committee</p> <p>GW presented the report, highlighting non-clinical policies and the interim Head of Internal Audit Opinion.</p> <p>The Audit and Assurance Committee Annual Report was noted</p> <p>Finance Committee</p> <p>ARB presented the report, highlighting Electronic Patient Record business case, review of Board Assurance Framework (BAF) and the system deficit position.</p> <p>The Finance Committee Annual Report was noted.</p> <p>Charitable Funds Committee</p> <p>StB presented the report, highlighting the Newark Breast One Stop Clinic. StB advised further discussion may be required by the Corporate Trustee in terms of the mechanism to review the circa £1m investment with Investec to ensure the money is invested in appropriate areas.</p> <p>GW advised Investec has been asked to provide further information in relation to the investments.</p> <p>Quality Committee Annual Report</p> <p>BB presented the report. The Quality Committee Annual Report was noted.</p> <p>People, Culture and Improvement Committee Annual Report</p> <p>MG presented the report. The People, Culture and Improvement Committee Annual Report was noted.</p> <p>The Board of Directors were ASSURED by the reports</p>		
18/407	OUTSTANDING SERVICE – EPMA - CREATING A SMARTER MORE DIGITAL HOSPITAL		
7 mins	<p>A short video was played highlighting the Electronic Prescribing and Medicines Administration (EPMA) system</p>		

18/408	COMMUNICATIONS TO WIDER ORGANISATION		
2 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Ockenden report reflections • Covid and Covid vaccinations • Research and innovation • Stop and think message for patients • Quality Strategy approval • Staff Survey action plan • Cancer waiting times 		
18/409	ANY OTHER BUSINESS		
min	No other business was raised.		
18/410	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 9th June 2022 in the Boardroom at King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12:40</p>		
18/411	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p>Chair Date</p>		

18/412	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	No questions were raised.		
18/413	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>		