

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 4th May 2023 in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Andrew Rose-Britton	Non-Executive Director	ARB
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Phil Bolton	Chief Nurse	PB
	Rob Simcox	Director of People	RS
	Richard Mills	Chief Financial Officer	RM
	David Ainsworth	Director of Strategy and Partnerships	DA
	David Selwyn	Medical Director	DS
	Rachel Eddie	Chief Operating Officer	RE
Shirley Higginbotham	Director of Corporate Affairs	SH	
In Attendance:	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
Observers:	Sally Brook Shanahan	Lead Governor	
	Sue Holmes	Public Governor	
	Ian Holden	Nottingham and Nottinghamshire Integrated Care Board (ICB)	
	Adam Vallins		
	2 members of the public		
Apologies:	Aly Rashid	Non-Executive Director	AR

Item No.	Item	Action	Date
23/129	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>The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and any members of the public watching the live broadcast were able to submit questions via the live Q&A function.</p>		
23/130	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
23/131	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Aly Rashid, Non-Executive Director.		
23/132	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 April 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
23/133	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 18/618.1, 23/042.1, 23/103 and 23/109 were complete and could be removed from the action tracker.		
23/134	CHAIR'S REPORT		
1 min	<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, highlighting Staff Excellence Awards and governor elections.</p> <p>The Board of Directors were ASSURED by the report</p>		
23/135	CHIEF EXECUTIVE'S REPORT		
3 mins	PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting recent industrial action, the second 'Step into the NHS' recruitment event at West Notts College, granting of planning permission for the Community Diagnostics Centre at the Mansfield Community Hospital site and parking spaces at Newark Hospital, key partnership meetings and the review of the Board Assurance Framework risks by the Risk Committee.		

	<p>PR advised Shirley Higginbotham, Director of Corporate Affairs, retires on 31st May 2023, noting this is the last Board of Directors meeting Shirley will be attending. PR expressed thanks to Shirley for her work during her time with the Trust. Sally Brook Shanahan will take up the role of Director of Corporate Affairs from 15th May 2023.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>23/136</p>	<p>2022/2023 STRATEGIC PRIORITIES QUARTER 4 UPDATE</p>		
<p>12 mins</p>	<p>DA presented the report, advising all the strategic priorities have been assigned to an executive lead and are tracked by the relevant sub-committee. DA highlighted the green agenda, health and wellbeing, the people metrics and Friends and Family feedback. DA advised any outstanding areas of work have been built into the 2023/2024 strategic priorities, highlighting patients who are medically safe for transfer.</p> <p>GW noted delivery of the SFHFT Transformation and Efficiency Programme shows an upward change on the previous quarter. It was noted the Trust met the Financial Improvement Plan (FIP) target. However, this was only achieved by utilising mainly non-recurrent savings. GW felt showing an improvement in this area is the wrong message.</p> <p>AH noted success in part of the programme, but felt there should be a more in depth look at areas which have not gone as planned in order to ensure these are not passed on into the priorities for 2023/2024. PR asked DA to describe how the learning and outstanding issues in 2022/2023 delivery have been captured to take forward into 2023/2024 and beyond. PR felt it important not to 'leave behind' areas which are partly complete. There is also a need to maintain focus on areas which 'soft' measurements indicate were delivered.</p> <p>DA advised a bottom up, top down review of all schemes has been undertaken. Feedback from executive leads and sub-committees have shaped the thinking for the 2023/2024 priorities. The challenge going into 2023/2024 is to balance 'soft' measurements with building in numerical success criteria.</p> <p>RE advised in developing the priorities for 2023/2024, the Trust has tried to be clear about the metrics which are being monitored. In terms of impact, the way the priorities are rated does not allow the impact factor to be measured. This is something which needs to be considered.</p> <p>SB felt an area to look at further is the rollout of Electronic Prescribing and Medicines Administration (EPMA) in terms of the difference this has made to patient safety, finances, etc. DS advised an inter-project review was undertaken to help determine critical success factors which will be reviewed through the Quality Committee. With the move from project to business as usual, the risks are discussed at each meeting of the Patient Safety Cabinet. DS advised he would provide a report to a future Board of Directors meeting to describe the learning and benefits of EPMA, noting this will feed into Electronic Patient Record (EPR), which is the next large digital project for the Trust.</p>		

	<p>Action</p> <ul style="list-style-type: none"> • Report to be presented to the Board of Directors in relation to the learning and benefits of the EPMA rollout <p>SB sought clarification if a standard approach is used to review and monitor programmes which have required significant investment. RM advised various different approaches have been used and there is a need to refine the process to ensure there is routine monitoring. For large business cases there is a need to ensure this is factored into the workplan for the relevant sub-committee to review. For example, the Community Diagnostic Centre (CDC) is on the workplan for the Finance Committee and regular updates are received by the Executive Team.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>DS</p>	<p>06/07/23</p>
<p>23/137</p>	<p>STRATEGIC OBJECTIVE 1 – TO PROVIDE OUTSTANDING CARE</p>		
<p>17 mins</p>	<p>PS joined the meeting</p> <p>Maternity Update</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting staff engagement, NHS Resolution (NHSR) successful funding bid and Care Quality Commission (CQC) actions. PB advised it remains unclear how the single delivery plan will be measured. Further work on this is being undertaken by the Local Maternity and Neonatal System (LMNS).</p> <p>PS highlighted the work of the Parent Voice Champion and quality improvement work.</p> <p>CW advised the information received by the maternity safety champions is that communication is crucial. Therefore, there is a need to collectively consider how communications can be improved. PS advised an action plan has been collated which brings together information from various sources. There is a focus on communication, a lot of which relates to continuity of teams. There is a need to ensure women have the same midwife and obstetrician so communication is not lost. This is an area of focus for the communication workstream. The Trust is also looking at how digital can be maximised. A digital notes system is in place and lots of communication can be sent out regularly via this system, which is available in multiple languages. In addition, the system provides the opportunity to signpost women to external charities, etc. who can provide support. There is a need to maximise the digital systems which are in place and this is being considered at a system level.</p> <p>MG requested if further information relating to health inequalities, analysis of unmet need and the work being undertaken to address this could be included in future reporting.</p>		

	<p>PS advised one of the big projects which is currently being worked on relates to specific communities and how they are supported. Deprivation is one of the biggest risk areas as women from deprived areas have a higher risk factor within pregnancy, which extends into early neonatal life and onwards into childhood. There are a few areas the Trust is trying to target and is trying to secure funding to support this work. The early implementer site work in relation to smoking cessation is a key factor. PS advised in April, for the first time in five years, the Trust's smoking at time of delivery rate is below the national average, noting the Trust had been a national outlier in this measure.</p> <p>CW expressed thanks to the Smoking Cessation Team for their work.</p> <p>AH noted the introduction of the SCORE culture survey has been delayed and sought clarification in relation to the timeline for outputs from this work. PS advised the background work to deliver the SCORE survey has been a challenge. The work was delayed initially due to the Pathway to Excellence Survey and Staff Survey as the Trust wished to separate out SCORE to make it clear to maternity teams why SCORE is different. The background work is now complete. The next stage is to formulate the timeline.</p> <p>AH noted a recent report which indicated 1 in 5 women giving birth have mental wellbeing issues and queried what the Trust's position is in relation to this. PS advised the Trust has a perinatal mental health team and offered to provide an update on their work. PB advised a report would be presented to the Quality Committee to provide further information on the themes raised.</p> <p>Action</p> <ul style="list-style-type: none"> • Report to be presented to the Quality Committee to provide assurance in relation to health inequalities, mental wellbeing, etc. in maternity services. <p>The Board of Directors were ASSURED by the report</p> <p><i>Maternity Perinatal Quality Surveillance</i></p> <p>PB presented the report, highlighting the home births service, elective caesarean sections, improvement in obstetric haemorrhage and third and fourth degree tears and the launch of the Opel scoring tool.</p> <p>PS advised the Trust is 100% compliant with the initial seven Immediate and Essential Actions (IEAs) from the Ockenden report.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>PB</p>	<p>01/06/23</p>
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23/138	STRATEGIC OBJECTIVE 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE		
42 mins	<p>Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 Monthly Report</p> <p>PB presented the report, highlighting the Safer Nursing Care Tool (SNCT) compliance standards assessment, compliance with the developing workforce safeguards for nursing and midwifery, multidisciplinary establishment review, vacancy rate, staffing related incidents, international recruitment, 3-year delivery plan for maternity and neonatal services and job planning for the Allied Health Professions (AHP) workforce.</p> <p>GW noted the business case which has been approved to increase the establishment in ED due to the pressures faced, the expectation being staff will be redeployed to other areas when the situation improves. However, the report appears to indicate the additional staff have not yet been recruited and they will be deployed only in ED. GW sought clarification in relation to this and felt a post-implementation review is required.</p> <p>RE advised a report is scheduled to be presented to the Trust Management Team (TMT) in June 2023, followed by the Finance Committee. The majority of posts have been recruited to, although not all new staff have taken up post. There are some medical posts waiting for trainees to qualify. However, the majority of nursing posts have been recruited to. RE confirmed the additional posts will be taken out if the bed wait demand reduces. However, the Trust is not currently in a position to do that. If a sustained position of reduced number of medically safe for transfer patients and reduced bed waits in ED is achieved, staff will be redeployed elsewhere in the Trust.</p> <p>PB advised the additional staffing required in ED has previously been undertaken by high cost agencies. The business case provides the opportunity for the Trust to use its own staff, which is better from a quality perspective and also reduces spend, accepting there is still spend in the area which is over and above what was budgeted for. The Trust is committed to redeploying staff when they are no longer required in ED. It was noted the nursing staff have been appointed on rotational posts.</p> <p>RM advised nursing pay is circa £10m per month in total, 25% of which was, in previous years, through either bank or agency spend. Getting the establishment correct and investing in the substantive workforce will ensure wards are fully covered, but also helps make inroads into the financial position.</p> <p>BB sought further information in relation to the use of apprenticeships for areas where the Trust is struggling to recruit or for new roles. PB highlighted the nurse associate role, advising four cohorts of nurse associates have joined the Trust via the apprenticeship route. The first cohort are just converting to become registered nurses. It was noted it is a time consuming and expensive model to run, which has limited the numbers. However, the Trust will continue to run this and the AHP team are also looking at apprenticeship routes.</p>		

In terms of new roles, the Trust has been at the forefront of developing the Advanced Clinical Practitioner (ACP) role in the emergency care setting. There are over 40 ACPs in ED, but this has not yet been replicated and rolled out across the wider organisation. However, there are now two in critical care, with a further two being recruited. In addition, two have recently been recruited into the Neonatal Team. There is more work to do in relation to this, but the Trust has prioritised the roles and areas which will provide the most benefit for workforce gaps. The Trust has worked with the Integrated Care System (ICS) Faculty, as the best way to address some of these issues is to have a system approach.

BB queried if there is anything the Board of Directors can do to support the development of ACPs and apprenticeships. PB advised people are not aware of career pathways and how to progress. The Trust has started to work with West Notts College in relation to this, but there is a need to make this more visible and accessible.

RS advised the Trust has run two 'Step into the NHS' events in partnership with West Notts College. A third event is scheduled to take place on 20th June 2023 and will be hosted at King's Mill Hospital. RS encouraged members of the Board of Directors to attend this event, noting the focus will be on clinical roles. The event will be used as a platform for Trust staff to learn more about the opportunities available.

MG queried what 'levers' are being considered in terms of addressing the vacancy rate and are the areas which may become fragile being predicted as part of workforce planning. MG sought assurance in relation to the consistency of exit interviews and how information from these is captured to inform learning.

PB advised in terms of predictions and looking at levers, one area which is being looked at is the age profile of the workforce. For example, 35% of nurses can retire if they choose to. This is something which can be predicted. There are national shortages in some professions. There has been a huge piece of work over the last 6 years to increase numbers, but this takes time to work through. Some particular groups of staff are difficult to recruit to and the Trust needs to be attractive and a good employer. However, there are some services which SFHFT does not offer and, therefore, people have to go elsewhere to gain that experience or arranging rotational posts as a system needs to improve.

RS advised the Trust is in the next phase of refreshing the strategic workforce plan. In terms of exit interviews, the concept of 'itchy feet' has been discussed by the People, Culture and Improvement Committee. As part of Year 2 of the People Strategy, the Trust is planning to introduce conversations with staff if they wish to have some variety or change of role; rotation is key. However, people have a sense of belonging at SFHFT and do not want to rotate out of the Trust. Therefore, the Trust is trying to create additional internal rotations.

PB noted this fits in with retention. The Trust is looking at the internal transfer process to enable people who wish to work in another speciality to be able to do so without having to apply for jobs.

PS advised within maternity there is a specific midwife who focuses on recruitment and retention. 40% of midwives can retire and the others are very early career. The initial focus was to support early career midwives with rotation through different areas and there has been some success in terms of community, as historically community was difficult to recruit to but it is now fully established. The next phase of work is legacy mentors. Midwives who retire and return want to work fewer hours. Therefore, there is the opportunity for them to offer legacy support to early career midwives. The Trust is hoping to reflect this into wider teams.

SB queried what the pipeline is like in Nottinghamshire for nurses who wish to come through the degree route. PB advised the pipeline is not as 'full' as it needs to be and there is a national drive to increase the pipeline. It will be five years before this pays dividends, and only if existing staff are retained. It has been confirmed international recruitment must continue, although there is some debate if this is ethical if the UK is taking nurses from other countries which may have a deficit. There is a need to continue to encourage the nurse associate route.

SB queried if the Trust is engaging with other academic institutions in the same way as the partnership with West Notts College. PB advised the Trust works very closely with organisations in Nottingham, Derby, Lincoln and Sheffield. CW advised the Trust has recently had a meeting with Lincoln College, which has Newark College within its portfolio. The aim is to work towards having a similar relationship with them as the relationship with West Notts College.

AH noted clinical nurse specialists are invaluable for service delivery and queried what the Trust's current position is. PB advised the Trust has a lot of nurse specialists. However, there is a need to be clear a nurse working in a specialism, is not necessarily a nurse specialist. There is more work to do to understand the competencies and experience of staff in those roles.

CW noted the request for additional staff in the phlebotomy service, noting the blood clinic is increasingly busy. This increase is partly due to Primary Care pressures as referrals are made for blood tests at the Trust as a result of challenges faced by GP surgeries. CW queried what discussions have taken place on a wider basis with Primary Care to look at the source of the pressures, how the risk can be shared and a plan for provision of phlebotomy services in a wider context.

PB advised there have been no wider conversations. The Trust has had to put in bank and additional hours to meet the demand. It is felt it would be better to have substantive staff as it is cheaper to run the service with substantive staff. It is important the Trust does not take all the risk. DS advised the walk in phlebotomy service provided by the Trust is excellent and Primary Care colleagues appreciate the 'open door'. It is acknowledged Primary Care have not invested in practice based phlebotomy in a way which has kept up with demand and, therefore, patients are coming to the Trust. There have been no significant discussions with the system about where the risk sits and how it is funded. This needs to be explored.

<p>15 mins</p>	<p>DA advised he and DS will take the conversation forward with Primary Care. It was noted the Community Diagnostic Centre will start to provide some phlebotomy services from October 2023.</p> <p>RM advised the Contract Delivery Groups and Activity and Performance Groups were stood down through Covid. These were the routine meetings with commissioners on a monthly basis and were the forum to look at activity trends, demand trends, etc. It was noted these will be re-established in the near future.</p> <p>RE felt the increased demand on hospital phlebotomy services is a legacy impact from Covid as GP practices discouraged patients from visiting the practice and, therefore, the activity drifted to the hospital. RE advised a mitigating action taken during the recent junior doctors' strike was, as clinics had been stood down, phlebotomists were released to go onto the wards. Having twice daily ward phlebotomy rounds had a positive impact on flow. If demand from a walk in and outpatient perspective can be controlled, there is an opportunity to redeploy resource into improving flow.</p> <p>Action</p> <ul style="list-style-type: none"> • Discussions to take place with Primary Care in relation to demand for phlebotomy services. <p>The Board of Directors were ASSURED by the report</p> <p>Medical Workforce Staffing</p> <p>DS presented the report, highlighting appraisals, revalidation process, an increase in the number of doctors connected to the Trust with the General Medical Council (GMC), job planning for 2023/2024, impact of the junior doctors' strike, provision of a suitable doctors' mess, appointment of Chief Registrar, Guardian of Safe Working recruitment, appointment of two Climate Action Fellows, new Trust bank rates, medical workforce data, vacancies, Task and Finish Group progress relating to challenged services, increase in training posts and Clinical Fellows recruitment.</p> <p>BB noted there are a number of vacancies in anaesthetics, noting there are also issues with AHP recruitment and retention in theatres. BB queried if issues are looked at in totality, rather than just through the lens of medics / nurses. RS acknowledged when things are considered in isolation, they can appear to be satisfactory, but when combined through a lens of different occupations there is a challenge. There is a need look at workforce in the round and have appropriate interventions through task and finish groups or wider fragile service conversations in relation to the use alternative roles, etc.</p> <p>DS advised the Trust has recently held an open day for theatre staffing and there was some success from this. Anaesthetics is one of the specialties which has been 'let down' by some of the national recruitment processes and workforce planning. Work is ongoing at a national level to address this.</p>	<p>DA / DS</p>	<p>01/06/23</p>
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	<p>BB noted the Clinical Fellows role and their Annual Review of Competency Progress and queried if this enables the Trust to have a more flexible offer. DS advised the Trust has had some success in recruiting specialists and the new specialists' role is something which will help. It was noted demand on national professional bodies equivalents to gain accreditation via the non-conventional training routes is increasing.</p> <p>ARB noted the increase in overdue appraisals and revalidation and queried if this poses a business or patient risk. DS advised current appraisal compliance is very good. As it is an annual process it does come in cycles. There was a 'dip' due to the recent industrial action but this will pick up. This is not seen as a risk.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>23/139</p>	<p>STRATEGIC OBJECTIVE 5 – TO ACHIEVE BETTER VALUE</p>		
<p>16 mins</p>	<p>Improvement Faculty</p> <p>DA presented the report, advising the Improvement Faculty will go live on 4th May 2023. From a governance perspective, the Faculty will report to the People, Culture and Improvement Committee. DA highlighted the four Pillars of Support and the initial work programme.</p> <p>PR felt it is important to create a movement for improvement across the organisation. The priorities outlined as the initial work programme align with the agreed strategic priorities.</p> <p>BB felt it would be useful for updates on some of the transformation programmes to be added to the Reading Room for the Board of Directors.</p> <p>SB noted the principle of “getting the quality right and financial improvement will follow” and queried how financial benefits will be measured in areas where these are expected. DA advised the Improvement Advisory Group will meet fortnightly. This is the vehicle by which the benefits realisation and tracking of implementations will be monitored. Projects will report to other committees as necessary for a focussed drill down.</p> <p>Action</p> <ul style="list-style-type: none"> • Quadrant reports from meetings of the Improvement Advisory Group to be included in Reading Room for each Board of Directors meeting <p>SB noted a challenge faced by the Trust is achieving the financial plan and queried how the work of the Improvement Faculty will contribute to helping achieve those targets. PR advised one of the initial priorities is the work in relation to optimising the patient journey, which relates to reducing length of stay. The key to delivering the financial plan is delivering improved length of stay and having a more effective discharge process which will allow consideration to be given to descaling the additional beds which are open. All these elements fit together as the right thing for patients and the financial position.</p>	<p>DA</p>	<p>01/06/23</p>

	<p>AH queried what the external interface will be to help deliver some of the projects. DA advised there is an improvement approach across the ICS which will feed into the work within the Trust.</p> <p>RE advised there are a lot of metrics which the Trust can drive which will improve the financial position, for example, theatre productivity which will deliver more Elective Recovery Fund. The approach to FIP has been changed for 2023/2024 as the accountability for the FIP target will sit with the divisions.</p> <p>The Board of Directors were ASSURED by the report</p>		
23/140	PATIENT STORY – A FAMILY’S JOURNEY THROUGH NICU (NEONATAL INTENSIVE CARE UNIT)		
10 mins	<p>PS presented the Patient Story, which highlighted the work of the Neonatal Intensive Care Unit and the Emily Harris Foundation.</p> <p>CW felt it was fantastic patient story and expressed thanks for the fundraising efforts of the Emily Harris Foundation.</p> <p>PS left the meeting</p>		
23/141	SINGLE OVERSIGHT FRAMEWORK (SOF) QUARTERLY PERFORMANCE REPORT		
26 mins	<p>QUALITY CARE</p> <p>PB highlighted serious incidents, including Strategic Executive Information System (StEIS) reportable incidents, MRSA bacteraemia, nosocomial Covid-19 infections.</p> <p>DS highlighted Patient Safety Incident Response Framework (PSIRF) work and Venous thromboembolism (VTE).</p> <p>PEOPLE AND CULTURE</p> <p>RS highlighted flu vaccination uptake, appraisals and mandatory training compliance.</p> <p>DA highlighted Quality Service Improvement and Redesign (QSIR) training and advised steps are being taken to build an ‘improvement community’.</p> <p>MG queried what has driven the reduction in vacancy rate. RS advised this can be discussed further at the People, Culture and Improvement Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • Reasons for reduction in vacancy rate to be reported to the People, Culture and Improvement Committee 	RS	01/06/23

TIMELY CARE

RE advised the last quarter has seen a period of significant pressure, leading to the Trust opening an additional 74 surge beds. During this period there were continued high levels of occupancy and high levels of patients medically safe for transfer. Despite the pressures, ED 4 hour performance has been maintained and the Trust remains in the top two in terms of ambulance handover times in the region.

In terms of elective care, as of 31st March 2023 there was one SFHFT patient waiting over 78 weeks. It was noted this patient had chosen to delay their treatment. In addition, there were a further seven patients which the Trust had taken from Nottingham University Hospitals (NUH) as mutual aid. It was noted there will be a rolling programme of taking patients from NUH to equalise the very long waits across the system.

The Trust has recently relaunched the transformation programme in relation to outpatients and there are early signs of improvement. However, the Trust has not achieved the target for the reduction in the number of follow up outpatient attendances. It has been made clear across the system this will not be achieved and this planning target has not been signed up to as a system as both SFHFT and NUH are carrying large overdue review lists.

In terms of cancer, the Trust achieved the 2-week wait standard in Q4 for the first time in two years. In addition, the Trust is one of only two trusts in the Midlands to achieve the faster diagnosis standard. It was noted the 62 day backlog reduction is exceeding trajectory.

GW felt there are opportunities to increase the number of remote attendances. RE advised this is an area the teams have been asked to focus on in the revised improvement programme. It was acknowledged this is an area which has not been prioritised given the other pressures recently. This is not being driven by patient feedback. There is a need to consider clinical engagement, technology aspects in terms of ensuring it is as easy as possible for patients and clinicians, and to be clear what is clinically appropriate for each speciality.

AH felt there may be a need to consider if a different model is required for follow ups. RE advised overdue follow ups and patients waiting for first appointments are the backlogs which are of most concern. However, they are not nationally monitored. These have been reported through the Patient Safety Committee to ensure this risk is recognised.

BEST VALUE CARE

RM outlined the Trust's financial position at the end of Month 12.

The Board of Directors CONSIDERED the report

23/142	APPLICATION OF THE TRUST SEAL		
1 min	<p>SH presented the report, advising in accordance with Standing Order 10 and the Scheme of Delegation, which delegates authority for application of the Trust Seal to the directors, the Trust Seal was applied to the following documents:</p> <ul style="list-style-type: none"> Seal number 101 was affixed to a document on 13th April 2023 for Keir Construction Ltd. The document related to the enabling works associated with the installation of a new modular unit adjacent to the existing building at the Newark Hospital site. (Keir project number 036980). <p>The Board of Directors APPROVED the Use of the Trust Seal number 101</p>		
23/143	FIT AND PROPER PERSON		
1 min	<p>SH 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>		
23/144	PROVIDER LICENSE SELF-CERTIFICATION DECLARATION		
1 min	<p>SH 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 NHSE 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>		
23/145	ASSURANCE FROM SUB-COMMITTEES		
12 mins	<p>Audit and Assurance Committee</p> <p>GW presented the report, highlighting internal audit, draft annual accounts and indirect impacts of industrial action.</p> <p>RM advised the draft annual accounts are currently going through the external audit process.</p> <p>The Audit and Assurance Committee Annual Report was noted.</p>		

	<p>Finance Committee</p> <p>ARB presented the report, highlighting the review of the Board Assurance Framework (BAF) Principal Risk 4 (PR4), Failure to achieve the Trust's financial strategy, and PR8, failure to deliver sustainable reductions in the Trust's impact on climate change, 2022/2023 year end position and delegated powers to make necessary amendments to the 2023/2024 financial plan.</p> <p>The Finance Committee Annual Report was noted.</p> <p>GW noted the attendance of only two of the three non-executive directors who are members of the Finance Committee are noted in the committee's annual report.</p> <p>Action</p> <ul style="list-style-type: none"> • Attendance records of all non-executive director members of the Finance Committee to be added to the Finance Committee Annual report <p>Quality Committee</p> <p>BB presented the report, highlighting indirect impacts of industrial action, approval and sign off two CQC 'Must Do' actions which were a legacy from the 2020 inspection, approval and sign off two CQC 'Must Do' actions from the 2022 maternity inspection, review of BAF PR1, significant deterioration in standards of safety and care, and PR2, demand that overwhelms capacity, quality risk assessment associated with extending the surgical offer at Newark Hospital and limited assurance internal audit report in relation to nutrition and hydration.</p> <p>The Quality Committee Annual Report was noted.</p> <p>Charitable Funds Committee</p> <p>SB presented the report, highlighting delays in completing projects requiring estates works, approved of ultrasound proposal for Same Day Emergency Care and farewell to Tracey Brassington as she prepares to retire from her role of Community Involvement Manager.</p> <p>The Charitable Funds Annual Report was noted.</p> <p>RE noted the Committee's annual report does not include details of funds raised, spent, etc. SB advised this will be reported to the Board of Directors later in the year in their role as Corporate Trustee. SH advised details of how money raised is utilised is included in the Community Involvement Team's quarterly report, which is included in the Reading Room for members of the Board of Directors.</p> <p>CW expressed thanks on behalf of the Board of Directors to Tracey Brassington for her work.</p> <p>The Board of Directors were ASSURED by the reports</p>	<p>RM</p>	<p>01/06/23</p>
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23/146	OUTSTANDING SERVICE – SUCCESSFULLY RELAUNCHING A 24/7 HOMEBIRTH SERVICE		
6 mins	A short video was played highlighting the Homebirth Service.		
23/147	COMMUNICATIONS TO WIDER ORGANISATION		
2 mins	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> • Governor elections • Staff Excellence Awards • Thank-you and farewell to Shirley Higginbotham and Tracey Brassington • Welcome to Sally Brook Shanahan as she joins the Trust as Director of Corporate Affairs • Maternity Parent Voice Champion report • Launch of Improvement Faculty • Patient Story, particularly the work of the Emily Harris Foundation • Good Q4 performance despite challenges faced • Relaunch of 24/7 home birth service 		
23/148	ANY OTHER BUSINESS		
	<p>SH outlined the timetable for the forthcoming governor elections as follows:</p> <p>10th May 2023 - Publication of Notice of Election 26th May 2023 - Deadline for receipt of nominations 30th May 2023 - Publication of Statement of Nominations 13th June 2023 - Notice of Poll/Issue of ballot packs 6th July 2023 - Close of Poll 7th July 2023 - Count and declaration of result</p>		
23/149	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 1st June 2023 in the Boardroom, King’s Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:15</p>		
23/150	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>		

23/151	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
4 mins	<p>CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>Ian Holden (IH), Public Governor advised at a recent Meet Your Governor session at Newark Hospital he was informed a theatre list had been cancelled as there was no anaesthetist available. IH expressed concern about the Trust's ability to effectively staff theatres at Newark Hospital.</p> <p>RE advised the Trust is very aware of the current underutilisation of theatres at Newark Hospital, which has been influenced by the difficulties in recruiting anaesthetists. As the more urgent work is carried out at King's Mill Hospital, if there is a shortage of theatre staff on any given day, people will be moved across from Newark Hospital to King's Mill Hospital. RE acknowledged this is not good for patients at Newark Hospital, but there is a need to prioritise more urgent work. Discussion have been held with the division in terms of developing a more comprehensive workforce plan. It was noted anaesthetic resource is currently the biggest constraint for the Trust in terms of elective recovery.</p> <p>Sue Holmes (SuH), Lead Governor, advised over the years she had been concerned when the Staff Survey results indicated staff were in fear of experiencing violence and aggression. SuH advised it was pleasing to note steps are being taken to address this. RS advised DA has created additional links across Mid Nottinghamshire, bringing people together to start to describe some of the challenges faced.</p>		
23/152	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>		