

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 29th November 2018 in the Boardroom, King's Mill Hospital

Present:	John MacDonald	Chairman	JM
	Neal Gossage	Non – Executive Director	NG
	Graham Ward	Non – Executive Director	GW
	Tim Reddish	Non – Executive Director	TR
	Barbara Brady	Non – Executive Director	BB
	Manjeet Gill	Non – Executive Director	MG
	Richard Mitchell	Chief Executive	RM
	Dr Andy Haynes	Medical Director & Deputy Chief Executive	AH
	Julie Bacon	Executive Director of HR & OD	JB
	Simon Barton	Chief Operating Officer	SiB
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW
	Paul Robinson	Chief Financial Officer	PR
	Suzanne Banks	Chief Nurse	SuB
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Kerry Beadling-Barron	Head of Communications	KB

In Attendance:	Sue Bradshaw	Minutes	
	David Hodgson	Research and Innovation Director	DH
	Hannah Parry-Payne	Resourcing Manager	HP
	Shana McCullagh	Senior HR Assistant	SM
	Sarbpreet Sihota	Guardian of Safe Working	SS

Observer:	Gail Shadlock	NeXT Director Scheme
	Sue Holmes	Lead Governor
	Ian Holden	Governor
	Roz Norman	Staff Governor
	Helen Sneath	Public

Apologies:	Claire Ward	Non – Executive Director	CW
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Item No.	Item	Action	Date
17/024	WELCOME		
1 min	<p>The meeting being quorate, JM declared the meeting open at 09.00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>JM welcomed Manjeet Gill (MG) to her first meeting as a newly appointed Non-Executive Director.</p>		
17/025	DECLARATIONS OF INTEREST		
1 min	JM declared his position as Chair of the Mid-Nottinghamshire Better Together Board.		
17/026	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Claire Ward, Non-Executive Director		
17/027	MINUTES OF THE PREVIOUS MEETING		
1 min	<p>Following a review of the minutes of the Board of Directors in Public held on 25th October 2018, the Board of Directors APPROVED the minutes as a true and accurate record.</p> <p>JB noted that the deadline for the action on page 6 had not been agreed as December 2018 and a more realistic deadline would be February 2019. However, it was noted on the action tracker this issue would be reported back to the Board of Directors through the regular workforce resourcing report.</p>		
17/028	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that actions 16/998.1, 16/998.3, 16/999, 17/001.1, 17/001.2, 17/003.2, 17/003.3, 17/004.2 were complete and could be removed from the action tracker.		
17/029	CHAIR'S REPORT		
4 mins	<p>JM presented the report and advised the recent Staff Excellence Awards was a good event. JM advised he will be visiting all the winners. It was noted a lot of time is spent taking learning from things which could have gone better but just as important is learning from things which have gone well and identifying the wider lessons. There have been some discussions that the staff awards should not just be a one night event.</p> <p>JM highlighted that a new breast cancer care clinic is planned for Newark and the Clinical Psychology Cancer Service has won a Macmillan Professionals Excellence Award. In addition, SFHFT has won an HSJ Award.</p> <p>Over the past month there have been several workshops relating to system working with discussions involving a range of different people. It is important to build in time to reflect on some of these discussions</p>		

	<p>and consider the ongoing developmental work.</p> <p>Governor elections will be held in Spring 2019. There are a number of governors who are coming up for re-election and a few who have reached the end of their term, resulting in 19 places for re-election. There will be a campaign early in the New Year to promote the role of the governors and to raise awareness. A small group of governors are working with SH and KB regarding this.</p> <p>The Board of Directors were ASSURED by the report</p>		
17/030	CHIEF EXECUTIVE'S REPORT		
9 mins	<p>RM presented the report, advising the Trust continues to make progress and should be proud of some of the things currently being achieved. However, there are lots of areas where further improvement is required.</p> <p>There are three current areas of focus for the Trust. These being, the day to day management of the hospitals, the internal improvement agenda, including the work which is being done relating to the Trust's strategy, and system working and system leadership. There is a recognition that individually and collectively there is a lot of work ongoing. There is a need to discuss how to balance all of those demands in order to ensure the day to day working of the Trust is not adversely affected by taking an active role in the health and social care system.</p> <p>The results of the national staff pulse survey for Q2 place the Trust first out of 17 acute, community and mental health trusts in the East Midlands in terms of staff recommending the Trust as a place to work. As a comparison, 2½ years ago SFHFT was placed fourth. The Trust is also well placed nationally. In terms of staff recommending the Trust as a place to receive care, SFHFT was also placed first in the East Midlands, having been placed fifth 2½ years ago. SFHFT's response rate to this survey was 25%, compared to the national response rate of 11%.</p> <p>At a recent meeting, the CQC made it clear that one of their clearest indicators of whether or not an organisation is making progress is how well engaged staff are. While SFHFT should be pleased with these results the balance is the recognition that not all staff feel they have a voice in the organisation, not all staff feel they have a manageable workload, etc. Therefore, there is more work to do to address this.</p> <p>Regarding the flu vaccination rate, SFHFT is currently sixth out of 250 trusts nationally who submit information. However, there is a disparity in the uptake by clinical and non-clinical staff so there is still more work to do.</p> <p>RM expressed thanks to KB and her team for organising the recent Staff Excellence Awards, noting the event was staged at no cost to the Trust as external sponsorship was secured. The event was also supported by the charity.</p> <p>It was been acknowledged the event is not as inclusive as it could be. Therefore, a week of recognition has been suggested, whereby all</p>		

	<p>progress made over the last 12 months for all members of staff is recognised.</p> <p>A staff story rather than a patient story has been included on the agenda for this meeting and the plan is to introduce this on a quarterly basis.</p> <p>It was recognised that the Women’s and Children’s Division is three years old. It was noted they have come a long way during this time. Women’s services had a positive rating from the CQC and it is hoped there will be a similar outcome for paediatrics next year.</p> <p>TR noted the system wide work which is ongoing, acknowledging that while the Trust is an acute provider, it is influencing and engaging with the wider community. TR felt there is a need to find a way of getting some connectivity with Public Health England.</p> <p>AH advised this has been a focus over the past 15 months and will continue. An announcement is anticipated in the next couple of weeks regarding a Public Health Registrar being based at SFHFT. The Trust continues to link with Public Health England and that is a strong link into the district and local councils.</p> <p>JM advised it is good practice for the Trust to benchmark against any national reports which lend themselves to benchmarking. The Board of Directors should receive assurance this is being done, with exception reports being presented as necessary to the Board of Directors.</p> <p>AH advised when national audit information is received, this is presented to the Patient Safety and Quality Group (PSQG)</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>17/031</p>	<p>STRATEGIC PRIORITY 1 - TO PROVIDE OUTSTANDING CARE TO OUR PATIENTS</p>		
<p>5 mins</p>	<p>Advancing Quality Programme Progress Report</p> <p>AH presented the report, advising the system changed in the summer and is starting to embed. The dashboards show progress is being made, with only one item showing as red on the Quality Strategy Dashboard. This relates to the medications dashboard which is being developed. The progress of this is being tracked through PSQG.</p> <p>There are three items showing as red on the CQC ‘should do’ actions dashboard. One of these items relates to the pull cords at the Urgent Treatment Centre at Newark. A risk assessment has been completed and no immediate risk has been identified. However, ways of amending the call system to satisfy the comments made by the CQC are being investigated.</p> <p>Another issue relates to the provision of a separate list for elective caesarean sections. This has been piloted but a business case is required due to implications for the obstetrician and other aspects of theatres. This is included on the business case round for 2019/2020.</p>		

<p>7 mins</p>	<p>The final issue relates to case notes being brought down from the ward to radiology. It is being investigated if this is required in light of using Nervecentre.</p> <p>TR advised there was insufficient time at the last meeting of the Quality Committee to go into detail on some things relating to the CQC 'should do' actions. There are some items which are green where the Committee wishes to challenge the evidence to identify if the action is now embedded. The blue form submission process is working well. The Committee were not happy to agree all of the blue forms presented at the last meeting and have requested more evidence to be presented at the next meeting of the Quality Committee.</p> <p>NG acknowledged the progress made over the last 3 years to reduce the number of actions.</p> <p>JM noted the aim is for 90% of patients being satisfied that their care was explained in an understandable way. It was acknowledged this is currently 73%. JM sought clarification if this is across the Trust or in specific areas.</p> <p>AH advised this is an ongoing piece of work which is coming through PSQG and onto Quality Committee. Lots of different patient information is gathered in different ways and the Trust is working towards getting an aggregate measure.</p> <p>JM felt it would be useful for the Board of Directors to be sighted to 2-3 areas of particular focus which are off target and where extra work is being done.</p> <p>Action</p> <ul style="list-style-type: none"> • Information to be provided to the Board of Directors regarding 2-3 areas of focus for the AQP which are off target and where extra work is being done <p>AH advised the 15 Steps is being looked at to feed some of this information into the 15 Steps culture.</p> <p>The Board of Directors were ASSURED by the Advancing Quality Programme Progress Report</p> <p>Measurement of Seven Day Hospital Services</p> <p>AH presented the report, advising SFHFT had been approached by NHS Improvement (NHSI) to be a pilot site for seven day services as the Trust have been doing this for three years and have been one of the best performing trusts in the Midlands and East. It has been recognised it would be best practice for boards to take ownership of performance. A report would be presented to the Board of Directors and the Trust will be externally regulated. This would provide the freedom to look at the information in a more meaningful way than the national template allows.</p> <p>Things have moved on quickly and since signing up to be a pilot site two months ago, a decision has been made that this will be implemented nationally. It was noted SFHFT has, however, had an</p>	<p>AH</p>	<p>31/01/19</p>
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	<p>input into the discussion regarding how this might be developed.</p> <p>The aim is to run a trial round early in 2019 with a view to it being implemented from June 2019. There is some work to do regarding implementation in terms of frequency of reporting and whether this should be for each division to report on and then aggregate the results. It was noted that from the most recent performance figures (April 2018), SFHFT has performed very well both nationally and across the region.</p> <p>MG sought clarification if this is a national framework.</p> <p>AH advised it has always been a national audit that happens twice per year. The sampling method is defined nationally with the reporting usually six months behind from the data submission. The intention is the information will still be reported nationally and the Trust will be held to account for performance. The template for submitting the data centrally has been standardised, but the Trust will have flexibility about how the audit is completed and how often.</p> <p>JM felt it would be useful if a set of measures could be developed to show if this work is having a benefit to patients.</p> <p>AH advised that in parallel to this the quality measures are being looked at. The Trust has always had a strong presence 24/7 and the job planning has been done. Discussions have already taken place regarding the inclusion of some headline metrics on things such as stroke and thrombolysis and cardiac.</p> <p>BB advised having a fresh look at the clinical effectiveness measures was discussed at the last Quality Committee meeting.</p> <p>The Board of Directors were ASSURED by the Measurement of Seven Day Hospital Services Report</p>		
<p>17/032</p>	<p>STRATEGIC PRIORITY 2 - TO SUPPORT EACH OTHER TO DO A GREAT JOB</p>		
<p>15 mins</p>	<p>Culture and Leadership</p> <p>JB presented the report, advising the work which has been completed in relation to the NHSI Kings Fund Toolkit is reflecting some of the positive feelings identified through some of the staff engagement metrics. However, there is some variability which needs to be tackled. From the results of this work, actions and initiatives will be developed which will feed into the Maximising our Potential plan for 2019/2020.</p> <p>The Trust has recently launched a senior leadership development programme delivered by NHS Elect. The executive cohort went through the programme in September 2018 with eight further cohorts booked. The feedback received so far is very positive.</p> <p>The Trust is working with the region in terms of talent management and the Aspire Talent Pools. Senior staff from the Trust have been nominated to the talent pools and will be assessed in the New Year.</p> <p>The national staff survey closes at the end of this week. The response rate as of last week was 56.3%. It is hoped the final response rate will</p>		

be in improvement on last year. A blended approach has again been used, with some paper based and some online surveys, depending on staff's access to IT. The mix is reviewed each year. Informal results of the survey will be received early in the New Year, with the formal results being received at the beginning of March 2019.

The results of the Q2 staff pulse survey show the average recommendation rate for acute trusts as a place to receive treatment as 81%; the result for SFHFT is 88%. In terms of the recommendation rate as place to work, the average is 64%, with SFHFT achieving 77%. While there are significant improvements in this area, there is still work to do as a lot of comments were received. These are looked at and the Trust tries to take them into account when looking at OD developments.

Some analysis of exit interviews with medical staff has been completed. There have not been many people to interview, however, as the turnover rate is, on average, 0.55%. Of the people who were interviewed, almost half of them were leaving due to gaining a place on a training scheme which demonstrates how the Trust is contributing to the wider system. This work will continue.

In terms of flu vaccinations, the initial focus was on front line staff but non-clinical and non-front line staff are also being supported to have the vaccination.

The Trust's Be Kind campaign was launched as part of Anti-bullying Week in mid-November.

An analysis of formal concerns raised as grievances in relation to bullying, leadership style, etc. has been completed. There were 30 cases over a two year period with two thirds of the cases being upheld. A third of the cases resulted in some form of disciplinary sanction, a third resulted in further support, such as leadership development training, and the final third were addressed through mediation.

The Trust has exceeded its target in terms of the number of staff undertaking apprenticeships, but not all the levy has been used. Therefore, funding is still available.

NG noted that 77% of staff would recommend the Trust as a place to work and queried if this could be included in the recruitment programme.

RM advised this is ongoing, but acknowledged 77% recommendation rate leaves room for improvement.

JB noted the percentages have been fairly consistent across the last three quarters.

KB advised that following the outcome of the CQC inspection and the last quarterly pulse survey results, the introduction to the Trust which is included on job adverts was re-written, stating 8 out of 10 staff would recommend SFHFT as a place to work. This will now be updated to reflect the Trust's position as best in the region.

BB noted the response rate to the pulse survey was only 25%.

<p>14 mins</p>	<p>RM acknowledged this is poor but noted 56% of staff have already responded to national survey, with the Trust achieving a 57% response rate last year. The national reporting is broadly similar to the reporting over the last two quarters. There are some organisations in the East Midlands who only achieved a 0.5% response rate.</p> <p>JM queried if it was possible to identify areas where staff wouldn't recommend the Trust as a place to work when considering issues of leadership, staff management, bullying, etc.</p> <p>JB advised while only two questions are asked, everyone has the opportunity to comment and these comments are analysed. The pulse surveys can be analysed by site and division and the national survey can be analysed further by staff group, etc. to help pinpoint any particular areas.</p> <p>JM acknowledged it is a sensitive area but it is important to investigate any comments relating to bullying and management issues so they can be addressed.</p> <p>RM noted external communication in terms of recruitment and retention is being done well but further information is now available which can be used to strengthen the message. There is an understanding that the recommendation rate of 77% can be improved. The national staff survey provides a rich source of information which has identified some hotspots of concern. It is hoped the actions which have been taken across the organisation, but also with specific teams, will improve the position from the national information which is currently being gathered. However, given the work which is being done regarding pushing the message that staff have a voice and communicating concerns, it is likely there will be some issues raised in this staff survey which will give further concern. In the long term that is a good thing.</p> <p>JB advised the Trust does a full census survey on both the pulse and national surveys, giving every member of staff the opportunity to provide feedback.</p> <p>JM advised it is important to use the information gathered through staff surveys to focus the Trust's efforts. In terms of the diagnostic culture work, this would be a useful topic for a future Board workshop.</p> <p>Bearing in mind the Trust is increasingly working in the wider system, the leadership programme provides a useful opportunity to look at the different approach taken by the local authorities in terms of how they work with their clients and consult with the public, etc.</p> <p>The Board of Directors were ASSURED by the Culture and Leadership report</p> <p>Guardian of Safe Working</p> <p>SS presented the report advising there were 65 exception reports relating to safe working in the period from August 2018 to October 2018, the majority of these being from the medical division. However, it was noted this division has the largest number of junior doctors.</p>		
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The recommended time from a concern being raised to the initial meeting with a supervisor is seven days. The Trust has been achieving a median time of four days, but this has significantly increased to 23 days. This appears to relate to e-mail addresses not being updated on the Allocate software following the move to .net e-mail addresses. The outcome of this being the e-mails weren't forwarded to the supervisors so they weren't aware. This issue should now be resolved.

In terms of process, the current issues are being dealt with as a one off. If issues are recurrent then work schedules should be looked at. Vacancy rates are currently very low.

There is a process in place but it requires engagement at all levels with regards to exception reporting. SS advised he has arranged drop in sessions for junior doctors and consultants to discuss any issues with him.

AH noted there have only been two workforce schedule reviews out of the 65 concerns raised. Both of those are being dealt with. There is a feeling that there is some under reporting, but no more so than at other trusts. SS has helped forge the link between senior and junior colleagues.

NG sought assurance that the issue in relation to incorrect e-mail addresses being held on the system has now been resolved.

SS advised HR have sent reminder e-mails to all consultants to ensure that their e-mail addresses have been updated on the system. When exception reports are not being dealt with in a timely manner, consultants are sent reminders. The most recent exception reports have been dealt with in a timely manner but there is still a backlog. Some of these issues will have now passed so will just require closing.

TR queried if there is anything the Board of Directors can do to support the work to improve on under reporting and are there any trends in terms of division or service area.

SS advised the majority of exception reports come from the medical division. There is currently a review of their rostering and shift patterns underway which may resolve the issues.

AH advised this is a major review of junior doctors which is matched against the college guidance of safe working. The introduction of physicians' administrators has been piloted as a lot of jobs are being done by junior doctors which don't need to be done by them. It is hoped more physicians' administrators can be recruited.

TR queried what the general feeling among the junior doctors is.

SS advised it depends on where they're working. On the whole they find individuals like the DME and SS to be accessible and they have areas where they can raise issues.

AH advised trainees can make anonymous calls to the GMC which are fed back to the Trust. GMC feedback has improved to the stage where the Trust doesn't have any services which are being monitored. If there

	<p>is a serious concern it will usually be raised via that route.</p> <p>At a 'soft' level, it depends on the rotation. There are a lot of trainees who rotate to SFHFT who go on to apply for consultant jobs at the Trust.</p> <p>JM felt the junior doctors are a 'hard to reach' group among the staff but they have a set of views about how the hospital works when very few people are on site. It would be useful to develop a dialogue with this staff group.</p> <p>KB advised she has spoken to Dan Smith regarding this. Ways of introducing breakfast meetings are being explored.</p> <p>The Board of Directors were ASSURED by the Guardian of Safe Working report</p>		
<p>17/033</p>	<p>STRATEGIC PRIORITY 3 - TO INSPIRE EXCELLENCE</p>		
<p>10 mins</p>	<p>Research Strategy – Quarterly Progress Report</p> <p>DH presented the report, advising the Trust is on target with recruitment. At the time of writing the report SFHFT had achieved 87% of the annual target of 1,400. This has been exceeded and will be formally reported in the Q3 report. The Trust is on track to hit 1,600 patients recruited to studies by the end of the year. The majority of the growth has been in non-commercial studies, with an increase in studies recruiting from 35 to 61 compared to the same period last year. Studies are spread across the research portfolio and areas have been targeted where the Trust hasn't previously been research active. For example, there is now a study open in audiology and there are a few studies in critical care in the pipeline. Only 9% of recruitment is from interventional studies but there are some more interventional studies in the pipeline.</p> <p>In terms of finance breakdown, although there has been a budget decrease, the Trust is doing more activity with the funding. The Trust is set for a commercial income of just over £27k and some other money has enabled funding of activity such as the Colour me Safe project. The budget from the Clinical Research Network (CRN) for 2019/2020 is not yet known. It is hoped there will be a budget increase based on recruitment over the last three years. Budget planning is currently being based on a worst, flat and base case scenario.</p> <p>The patient experience survey has been re-launched. There have only been a limited number of responses so far but this gives a 99.45% satisfaction rating. This will be expanded into more patient areas.</p> <p>The Trust is doing well in relation to the target for delivering industry studies. Six studies are open at the moment and we are currently recruiting at 82%. Development of the research facility is ongoing and it is hoped there will be some progress on that over the next few months.</p> <p>The team is working on workforce planning and will be going out to advert for research academy posts, which are Band 5 nursing posts with a day per week of research activity. There is also a joint post with</p>		

17 mins	<p>Chesterfield working in maternity.</p> <p>SuB advised there is an opportunity to apply for a National Institute for Health Research (NIHR) Nursing and Midwifery Fellows. There has been one applicant so far but two more people are interested.</p> <p>RM noted that given the relative size of SFHFT, the volume of patients enrolled in trials is fantastic. RM acknowledged the lack of progress over the last quarter in arranging alternative accommodation for the research team. Work in relation to this is ongoing.</p> <p>MG sought clarification regarding research and the use of technology.</p> <p>DH advised it's not something the team are looking at currently, but could look into this going forward. This is an area where there's an interest in increasing activity but noted the issue with digital technology is the set up costs. If there is a national study, the team would support it.</p> <p>KB advised a video is going to be made regarding the work of the nurses who are already in post doing research work to support the advert for the research nurse posts. Additionally, the refresh of the recruitment consultant pack includes a piece from DH talking about the importance of research and the work SFHFT does.</p> <p>KB queried that as well as recruiting patients to trials, could staff get involved if there are any large trials.</p> <p>DH advised that when things like that come along, the team contact people who may be interested. People are invited to come along and meet the team if there are ideas they want to take forward.</p> <p>KB advised this could be included in staff communications if appropriate.</p> <p>AH advised there is a lot of work going on in relation to the use of Artificial Intelligence to help in primary care and the Trust is looking to get involved with that.</p> <p>JM advised there is information in the report relating to the impact on innovation, recruiting staff, etc. and felt this could be highlighted more, making the link to some of the key objectives for the Board of Directors. The work of the research team helps in terms of building the Trust's reputation.</p> <p>The Board of Directors were ASSURED by the Quarterly Research Strategy progress report</p> <p>Communications Quarterly Report</p> <p>KB presented the report, highlighting one of the biggest pieces of work in Q2 was the CQC result. 10 staff briefings, across all three sites, were completed and these were followed up with an all users' e-mail the following day, which had a 29.4% open rate. Anecdotal feedback indicates staff appreciated that the initial briefing was completed across the three sites at the same time. Staff briefings were completed the day</p>		
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	<p>before the official announcement of the CQC outcome. In terms of media, there was coverage in 16 local and regional outlets and in terms of digital, there were 13 CQC specific Tweets which led to total Impressions of 38k. A Twitter moment was created which was viewed 73 times. There were five Facebook posts which had a 66k reach, were shared 561 times and had 917 likes. There were four Instagram posts with 192 likes. The CQC result was used to launch the Stakeholder newsletter. This had a 52.9% open rate, which is a good response and there has been good anecdotal feedback on this. While staff felt more included by how they were informed of the CQC outcome, it is acknowledged the external communications can be improved.</p> <p>In terms of the overall report, this is the first time year on year data is available as a comparison. This provides a clearer picture in terms of measures and what these are showing. The next step is to look at where improvements can be made and the impact of those. The annual internal audit will be completed next month to get feedback from staff about the internal communication channels being used. In Q4, the stakeholder audit will be completed which will provide the year on year measure.</p> <p>The Integrated Care System (ICS) Communication Director took up post in Q2. It is anticipated this move will lead to pulling together some of the communication and engagement work in relation to the ICS and the Alliance. A communications lead group has been set up and SFHFT is part of that.</p> <p>The main thing which is currently being worked on is the strategy review.</p> <p>JM noted there is a lot of activity but the impact of that activity is not clear.</p> <p>KB advised it is hoped the internal and stakeholder audits will start to demonstrate some of the impact. The work which is ongoing in relation to patient engagement will tie in through the involvement work which will also start to feed in. This work should start to demonstrate the impact but also identify areas which have not been previously thought about. For example, of the 792 conversations held regarding the strategy review, 111 of those were with young people. This demonstrates there is an interest there but there is more which can be done to capitalise on that.</p> <p>TR queried if there were any other areas which could be used to identify demographic information.</p> <p>KB advised a lot of information is available but it is collated in very different ways, highlighting that even the age bandings can be slightly different. There is a need to look at what we're trying to demonstrate and what is the data available to support that.</p> <p>TR acknowledged the good statistics in terms of the impact of internal communications and queried if some of that work could be replicated externally.</p>		
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	<p>KB advised the internal work is very collaborative with the work JB does in relation to OD, for example, supporting the flu vaccination programme and supporting the OD team in relation to the staff survey. One of the actions taken from last year's audit was trying to use more channels. Less all user e-mails are being sent as they aren't all relevant to all people. Screensavers have been introduced and anecdotal evidence is that putting up weekly a screensaver for where the flu vaccination drop in sessions were being held for that week has increased attendances at those sessions.</p> <p>SH advised it is important to utilise the Trust's membership and governors. Two governors have recently been out to a local sports centre and recruited 11 new young members.</p> <p>RM advised there is a need to recognise the mismatch between people the Trust is engaging with and some of the patient groups the Trust interact with frequently as a healthcare provider, for example, families in acute deprivation, the work being done with the rough sleeping community, etc. There is not yet a good process in place for hearing their voice.</p> <p>The CQC stated that given the success of the organisation over the last three years, SFHFT needs to be more confident. There is a need to try to push in that direction, while recognising there are huge areas for improvement so it is important to get the balance right.</p> <p>GW queried how does SFHFT compare to other trusts, particularly those in the outstanding category, and are those organisations doing anything differently. It may also be useful to look outside the NHS at successful corporate organisations and what they are doing.</p> <p>KB advised communications and engagement across the NHS is difficult to benchmark. The Trust is starting to use the peer group which is using model hospital and trying to compare on some of the measures. This information can be included in the next quarterly report. In terms of best practice external to the NHS, KB advised she has met with people from Virgin Media to identify how they engage with their workforce which is spread widely.</p> <p>The Board of Directors were ASSURED by the Communications Quarterly report</p>		
<p>17/034</p>	<p>STRATEGIC PRIORITY 5 – TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH & CARE SERVICES</p>		
<p>17 mins</p>	<p>Establishing an ICS Board – Update to Board</p> <p>PW presented the report, advising the paper is being presented to each of the organisation's boards. There is a proposal to establish an ICS board which will cover Nottingham and Nottinghamshire. This marks a significant step in terms of formalising the Integrated Care System (ICS) and marks the transition from a relatively informal collaborative arrangement to something more balanced and representative which begins to involve elected members from local authorities alongside non-executive and executive members of boards.</p>		

<p>The proposal for consideration is a resolution from the Board of Directors to commit SFHFT to being part of the ICS and nominate relevant colleagues for seats as laid out in the report.</p> <p>JB expressed her disappointment that the proposed board membership does not include Workforce and OD representation.</p> <p>RM advised he has advocated for workforce to be included as a clear workforce plan, which ties the organisations together, is one of the most important things which will be required over the coming years.</p> <p>MG noted there is no district council representation, feeling it is important they are represented as the system moves into the prevention agenda.</p> <p>JM clarified district councils will be represented on the Integrated Care Partnership (ICP) boards, advising there will be two or three ICPs which are partnerships primarily of providers.</p> <p>RM advised the ICPs are to be seen as the delivery units with 80% of business being transacted at the ICPs.</p> <p>BB noted the paper does not include any reference to the statutory responsibilities of the health and wellbeing boards in relation to the integration of services. These boards are the only entity which has statutory responsibility under the Health and Social Care Act.</p> <p>BB acknowledged the focus of this paper is the ICS, but felt it would be useful to understand the relationship between the membership of the ICS and how that relates to the ICP and does that have implications for how the ICP governance will be structured.</p> <p>GW stated there is a need to think strategically about the Trust's overall positioning within both the ICS and ICP.</p> <p>RM advised it has not yet been confirmed if there will be two or three ICPs. However, there is greater clarity on the role of the mid-Notts ICP. Given the criteria that they are looking for a chief executive to lead the ICP, RM advised he has been appointed into the ICP lead role as of 28th November 2018.</p> <p>RM felt it important for SFHFT to support the paper as momentum is starting to build in relation to the ICS. It is also important for SFHFT, as part of the mid-Notts ICP, to support this, while noting there are areas which require clarity. The post of Chair will be going out to advert and there is a fair process in place for that. There has been some discussion in relation to voting rights with no unanimous agreement that the voting rights as described in the paper are the correct ones. However, it is unlikely there will be a need to take a vote in the first 12 months as commissioning functions will remain as they are currently. The suggestion from a voting perspective is to go with the plan as outlined in the paper and test this out over the next 12 months.</p> <p>JM advised the ICP lead from each of the ICPs is included in the 'In Attendance' section of the ICP board but RM will also be a voting member as the CEO of SFHFT. Clarification is required as to the</p>		
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	<p>feasibility of RM covering both roles. It is important the ICP's voice is heard at the ICS as well as the statutory organisations.</p> <p>KB advised while there is no public representative on the membership list, this is being looked at separately. There will be an engagement group which will sit alongside the ICS board and feed into it.</p> <p>MG queried how the Board of Directors will receive assurance going forward on the traction of integration.</p> <p>JM advised some thought is being given to this now. There are two performance reports, one relating to how the system is performing and the other relates to how the system is changing. There are very few metrics available to demonstrate change.</p> <p>SFHFT already has a major role in the ICS but there is a need to ensure the day to day work of the Trust is managed.</p> <p>RM advised that while SFHFT is part of the ICS, the Trust wants to be driving the ICP to ensure there is sufficient autonomy and responsibility through that to take the decisions in a way which will benefit mid-Notts.</p> <p>JM noted this is not yet statutory. There needs to be a process where the Trust can look to the ICS or the ICP for system level assurance but still make sure its statutory responsibilities are discharged.</p> <p>The Board of Directors APPROVED the formation of the ICS board subject to the following points:</p> <ul style="list-style-type: none"> • Proposal for Workforce to be included in the ICS board membership ('in attendance') • Clarification required regarding the relationship between the ICS and the Health and Wellbeing Board • As appointments are made, clarification is required regarding the ICP's relationship to the ICS board and how the ICPs will work with the ICS <p>The Board of Directors AGREED to discuss nominations for representatives to the ICS board in the Private session.</p>		
<p>17/035</p>	<p>STAFF STORY – SHANA'S STORY</p>		
<p>15 mins</p>	<p>SM presented her story, explaining her journey from Apprentice to Senior HR Assistant for the Trust.</p> <p>TR stated he hopes SM has the opportunity to speak to new apprentices in the future to tell her story and let them know what can be achieved working at SFHFT. TR noted it is interesting that SM plotted her progress using photographic evidence and felt this could be used more.</p> <p>AH advised he finds it a pleasure to see people develop and noted it is really good for the Trust to find people like SM and develop them.</p> <p>RM stated it was a powerful presentation and asked SM what her views are on how to make SFHFT a better place to work.</p>		

	<p>SM advised she would like to develop the assessment centre approach for more staff groups, not just nurses and HCAs, and maybe give the opportunity for divisions to run the sessions. SM advised people are relaxed when they attend the assessment centre and they have the opportunity to listen to people talk about what it's like to work for the Trust. A lot of positive feedback is received from these sessions.</p> <p>RM acknowledged the work the team does in relation to @sfhjobs.</p>		
17/036	SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT		
41 mins	<p>ORGANISATIONAL HEALTH</p> <p>JB advised the workforce KPIs for October are green, with the exception of sickness. It is hoped sickness absence through Winter will be helped by the positive response to the flu vaccination programme.</p> <p>JB proposed the target for mandatory training be increased to 93% with the potential for this to be increased in April 2019 to 95%. The turnover threshold is currently 1%. It is proposed to reduce that to 0.9% for the remainder of 2018/2019 and decrease it again to 0.8% in April 2019. Finally, the temporary staffing target is 7.5%, it is proposed to reduce that to 7.3%.</p> <p>JB advised 3.5% target for sickness absence is a fair and generally challenging target and it is proposed this will remain the same. Equally, appraisal at 95% is a challenging and fair target and it is proposed this will also remain unchanged.</p> <p>The Board of Directors AGREED these changes.</p> <p>GW noted, in terms of sickness absence, levels of anxiety, stress and depression have been identified in the report, the cause of which may or may not relate to the workplace. GW queried if a specific KPI could be introduced relating to this to enable monitoring.</p> <p>JB agreed she would look into this and identify a target.</p> <p>Action</p> <ul style="list-style-type: none"> • KPI regarding sickness levels relating to anxiety, stress and depression to be determined and reported to the Board of Directors <p>NG noted the deteriorating trend relating to sickness absence and queried what trajectories and action plans are in place to address this.</p> <p>JB advised the Trust has a strong sickness policy with clear targets. For each individual who breaches the target there is an action plan and target put in place. Divisions also look for clusters, trends, etc. which need addressing. As some staff groups only have small numbers of staff, one person can make a huge difference in percentage terms.</p> <p>If an overall trend is identified, OD intervention will be used to address this rather than just something under the sickness policy. Each division will have different action plans.</p>	JB	31/01/19

<p>NG queried if the individual plans feed into a divisional total so the effect of those on the division can be seen.</p> <p>JB advised a more detailed workforce report is presented to the monthly divisional performance meetings which includes all the areas in any of the workforce KPIs that aren't on target. There is a high level of visibility provided in those meetings. Regarding anxiety and stress, it has been identified, from a sample of cases, 8.5% of those cases could be attributed to people going through an HR process, which in turn can cause delays to those proceedings.</p> <p>The Trust is also looking at bereavement leave and whether it is supportive enough as people have a degree of bereavement leave and then have to be signed off sick as they need a longer period of time. As a compassionate organisation, SFHFT needs to improve the balance.</p> <p>QUALITY</p> <p>SuB advised there are three exception reports for October. There were six cases of Clostridium Difficile (c.diff) in October which takes the year to date (YTD) position to 23 against the full year threshold of 47. There has been a period of increased incidence on one ward with possible linkage of two cases. Samples have been sent for Ribotyping and enhanced cleaning, audit and close monitoring of that area has been introduced.</p> <p>Three serious incidents were reported in October, all of which were in Urgent and Emergency Care division. These are currently being investigated and will be followed up through the governance process.</p> <p>There were four avoidable pressure ulcers in October, all of which were heal ulcers. There is a particular focus on assessment and the use of appropriate devices to protect heals. Work is ongoing within ED and assessment units in regarding caring for patients who are vulnerable in relation to mobility.</p> <p>JM noted infection control is on track but the increase in the number of pressure sores is concerning.</p> <p>SuB advised the position regarding falls has been positive for several months, staying well below the Trust's average and national average. Analysis has been undertaken in relation to falls and pressure ulcers over the last 6 months to identify if there is any correlation in relation to the ward areas and if by preventing falls by keeping patients less mobile, this impacts on pressure ulcers. None of the wards have shown any correlation between falls reduction and increase in pressure ulcers, which is positive. There continues to be an increased focus on learning from pressure ulcers, with a weekly review of any Grade 2 or above pressure ulcers, whether avoidable or unavoidable. The falls nurse is doing a mobility roadshow with the focus on daily mobility to prevent deconditioning but also looking at some of the key learning taken from the work in relation to pressure ulcers.</p> <p>In relation to staffing, Band 5 vacancies have reduced due to the cohort of newly qualified nurses starting for the Trust in September and October 2018. There has been positive feedback from the Band 5</p>		
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rotation across the whole of Urgent and Emergency care. Trainee nurse associates are due to qualify in February / March 2019 and they have been allocated to clinical areas with a bespoke preceptorship programme for nurse associates.

All Band 5 physiotherapy and OT positions have been recruited to. A radiographer and sonographer have been recruited to substantive posts, having previously been employed through an agency for a long period of time. Six newly qualified radiographers have been recruited.

Pharmacy remains an issue with 13 whole time equivalent (WTE) pharmacy vacancies. Some Band 6 positions have been recruited to but that will have an impact on the team due to the training and supervision programme. Microbiology vacancies are an issue but the team are looking at recruitment and those particular roles to identify if there is any digital support which can be put in place.

As part of the work of the sub-group of the nursing and midwifery strategy, there have been several sessions where SFHFT have gone into the soup kitchen in Mansfield. On 26th November 2018, the Trust ran a health event for the homeless in partnership with the CCG. 46 homeless people attended and it was a positive event.

OPERATIONAL

SiB advised the key focus remains the timeliness of cancer care and the delivery of the Winter plan. The 62 day cancer standard was achieved in September. Work is being focussed on the time to diagnosis within that pathway and progress is being made. There are seven patients at 104 days and their harm reviews have commenced. SiB advised he is reviewing all patients at 50 days on the cancer pathway to provide senior oversight.

NG queried how the Trust can we achieve a step change in diagnosis capacity as this appears to be a recurring theme.

SiB advised a piece of work is planned regarding demand and capacity and analytics to understand the gap for endoscopy and MRI. This will help to identify the systematic capacity required, but this will be constrained in relation to MRI by MRI scanner capacity, physical capacity and workforce capacity. Some funding has been received from NHSI to make some short term improvements.

JM queried if cancer performance will continue to improve.

SiB advised the forecast is performance will reach 80% next month and the aim will be to continue to improve on that. There is a real focus on the diagnostic phase of cancer care. It is a safe system and patients are not coming to harm.

TR queried, given as Christmas is approaching and patients sometimes choose not to come for appointments in December, what the impact of this is likely to be.

SiB advised patient choice impacts every month. Balanced conversations take place with patients regarding the importance of them

<p>attending appointments against the fear they may have cancer. As much capacity as possible is being pulled forward over Christmas week and this links in with the Winter plan.</p> <p>SiB advised elective care and diagnostics achieved the standard for the seventh consecutive month. Referral to Treatment (RTT) remains stable but is just under the standard. There are three specialities where improvement is required, cardiology, urology and orthopaedics. Three cardiologists have been appointed. Once their start dates are known this will enable an understanding of capacity to be gained which should enable an improvement in cardiology to be forecast. Urology remains under significant pressure and additional sessions continue in urology to mitigate that. Orthopaedics are also under pressure. It was noted all those areas are hitting their activity targets. Some orthopaedic work has been contracted out and some joint replacements have been completed as day cases. Some orthopaedic surgery will continue over Winter.</p> <p>15 patients waited longer than 52 weeks. They will have harm reviews when they are seen in clinic.</p> <p>It was noted the key thing to transform this performance is the modernisation of outpatients, which will be worked on over the coming year.</p> <p>The ED 4 hour wait was 94.4% for October, which is just below the standard of 95%, the standard being missed by 70 patients. The Trust is seeing the same levels of admissions as January 2018, but performance has improved with more patients being discharged from that pathway than previously. However, this is an area where the Trust is under pressure. There were some days in October with a high number of breaches, which contributed to missing the standard. Therefore, the surge and escalation policy has been reviewed to include some additional actions.</p> <p>Length of stay is 10% lower than it was last year which indicates internal processes are working. There has been a discussion with the CCG regarding actions they can take to help in relation to admission avoidance capacity.</p> <p>GW queried what the predicted 4 hour wait performance for November is.</p> <p>SiB advised this is currently 93% with a trajectory to achieve 93.5%.</p> <p>TR queried how the Trust is performing in relation to re-admissions.</p> <p>SiB advised the readmission rate hasn't increased and remains positive, with the Trust performing better than its peer organisations. Re-admission numbers have slightly increased and visibility regarding this will be provided via the Quality Committee.</p> <p>FINANCE</p> <p>PR advised at the end of Month 7 the Trust's deficit position pre-Provider Sustainability Funding (PSF) was £29.1m which is behind plan</p>		
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	<p>by £1m. It was noted it had previously been forecast to be behind plan for October and November due to rephrasing of the financial improvement plans (FIP) due to the development of the recovery plan. The position at the end of October is £170k better than forecast and it is anticipated this will continue into November, resulting in being back on plan at the end of Q3 for the YTD control total.</p> <p>£5.1m PSF funding has been reflected as a result of achieving the 4 hour access standard, the expected delivery of the Trust's control total at the end of Q3 and delivery of the system wide control total in Q1. The system is unlikely to achieve its control total for Q2 and Q3 but is forecast to be back on track for achieving the control total by year end. An external review of these figures across the ICS has been commissioned to provide greater assurance.</p> <p>In terms of the forecast position for SFHFT, the current forecast is to achieve the full year control total. At the end of October a review of the financial recovery plan (FRP) indicated a risk of £1.2m. The FRP meetings have identified significant actions to mitigate that risk in both the surgery division and costs associated with Winter plan activity. The risk currently stands at £350k, leading to more confidence in achieving the overall target.</p> <p>RM noted a lot of progress has been made over the last two months regarding the Trust's financial position and the confidence the control total will be delivered by year end. However, there are three key risks remaining from a financial perspective, the first of these being the high level of non-elective demand as the income received does not fully cover this. Work is ongoing with commissioners, primary care and EMAS to identify practical steps which can be taken to attempt to reduce demand while being realistic that the level of activity is likely to increase over the coming months.</p> <p>The Trust is also working with partners in relation to the financial pressures across the mid-Notts region. Time has been spent with commissioners going through plans to identify the schemes which are viable and which SFHFT can help deliver and the schemes which require further work which are more likely to deliver in 2019/2020.</p> <p>The third risk is the non-delivery of the financial recovery plan. A lot of work has gone into this and the Trust is in a better position as a result.</p> <p>NG queried the expected ED performance for PSF in Q3.</p> <p>PR advised the guidance is trusts have to achieve the greater of 90% or an improvement of their performance for Q3 of the previous year. SFHFT's performance in Q3 2017/2018 was 90.7%. Therefore, the Trust needs to achieve 90.7% or more to access PSF. The forecast assumes the achievement of 90.7%. In Q4, PSF is determined on M12 achievement of the 95% standard. The current forecast is this will be achieved.</p> <p>RM advised the Q3 risk relates to the delivery of the system control total.</p>		
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	<p>JM noted the following points in summary. The Board of Directors AGREED to increase some of the HR target levels and welcomes the opportunity to have greater visibility in relation to stress and anxiety related sickness. The increase in the number of pressure sores is an area of concern. There are good financial plans in place with a greater confidence these can be delivered. Access standards are slightly below the level hoped for. It is hoped the cancer standard will continue to improve. There is a need to ensure current performance does not deteriorate over Winter.</p> <p>RM acknowledged the Q2 access standards are not perfect, but they are better than most organisations in the East Midlands and beyond. From a cancer and RTT perspective, while performance is below the level hoped for that shouldn't detract from the huge effort people are putting in to deliver a set of access standards in parallel with quality, workforce and finance which are better than elsewhere in the East Midlands.</p> <p>JM noted the recognition the Trust is achieving well but a difficult time of year is approaching. The Trust needs to continue to do everything possible to prevent slippage.</p> <p>TR sought clarification if the Board of Directors is assured that everything is being done to achieve the standards.</p> <p>RM advised comparing the Trust to others in the East Midlands provides context that SFHFT's quality metrics compare well but there is more which can be done.</p> <p>The Board of Directors CONSIDERED the report</p>		
<p>17/037</p>	<p>WINTER PLAN PROGRESS REPORT</p>		
<p>5 mins</p>	<p>SiB advised there are three elements to the Winter plan, these being to safely avoid admissions, safely create additional capacity and safely reduce length of stay.</p> <p>The actions relating to admission avoidance are largely in place, as are those relating to increasing bed numbers. 55 extra beds will be available for medicine in December and March with 75 extra beds in January and February. During that period surgery will not have 30 beds so there is a conversion of beds. Ward 32, which is a surgical ward, has already been converted to a medical ward.</p> <p>In terms of safely avoiding delays to patients' care in hospital, some of the actions are now green. Where pathways are being redesigned to have specialist nurses running some of those pathways, recruitment to some of those roles has been difficult. These actions identified will be pursued on an ongoing basis as they are not just connected to Winter.</p> <p>NG noted the report emphasises the staffing issues as four of the five areas identified as red relate to staffing issues. NG expressed concern that a seven day service being provided by staff working additional hours could lead to increased sickness.</p>		

	<p>SiB acknowledged this but stated if the beds weren't in place this would be of greater concern as that is quantifiable. The work done by the divisions relating to this is very positive.</p> <p>JM noted there is increased granularity to this plan compared to last year. Recognition of the roles of pharmacy and therapy were also noted as previously the value they can add in terms of process has been underestimated.</p> <p>The Board of Directors were ASSURED by the report</p>		
17/038	ASSURANCE FROM SUB COMMITTEES		
9 mins	<p>Audit and Assurance Committee</p> <p>GW advised the key work going forward relates to outstanding audit recommendations, picking up not just internal audit recommendations but also external audit relating to the Quality Account. This will be looked at in more depth to see how those are progressing at the next meeting.</p> <p>In relation to clinical audit, the Committee will be looking at how to help support the teams in seeing this as a value added service. There is a need to show the value of outputs from it and increase engagement.</p> <p>The position regarding conflicts of interest declarations is improving but progress is slow.</p> <p>It was noted 360 Assurance's work programme is slipping. The Trust needs to ensure everything is put in place to support them to complete all their internal audit work.</p> <p>Looking forward to next year's planning, the Trust needs to look at how internal audit can support SFHFT on the journey to outstanding.</p> <p>Quality Committee</p> <p>TR advised the Quality Committee received assurance on the action plan from the ophthalmology department. Some areas were identified where more rigour is required. It was agreed by the Committee these issues would be reported on through PSQG for escalation back to Quality Committee if necessary.</p> <p>The Board Assurance Framework (BAF) was reviewed. The Committee recommended a wider discussion at a future Board of Directors workshop to work through the risk appetite and tolerance levels for 2019/2020 BAF.</p> <p>Action</p> <ul style="list-style-type: none"> • Risk appetite and tolerance levels for 2019/2020 BAF to be topic for future Board of Director's workshop <p>TR described the 'Blue Form' process for ensuring quality improvement processes are embedded and advised the Committee reviewed a number of these with a lot of positive assurance and evidence.</p>	SH	TBC

	<p>However, there were some areas where further evidence has been requested. In relation to the CQC 'should do' list, there are also some areas where additional clarity has been requested which will be followed up at the next meeting.</p> <p>The Committee received an update in relation to the work which is in place to support the junior doctors. Good feedback has been received from the doctors in relation to the induction and the additional two days for simulation. This has been well received and may be extended to more than two days going forward.</p> <p>The Committee approved the infection prevention and control annual report and the annual statement for publication regarding the Modern Day Slavery Act 2015.</p> <p>TR advised BB will take on the role of Chair of the Quality Committee from January 2019</p> <p>The Board of Directors were ASSURED by the report</p>		
17/039	OUTSTANDING SERVICE		
5 min	A short video was played highlighted the support provided by the therapy services team to patients recovering from injuries.		
17/040	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"> • Recognise performance and importance of maintaining focus on access, quality and finances over the busy Winter period • Robust Winter plan in place • ICS board approved but would like workforce strengthened within that • Research work • Staff story • Seven day services 		
17/041	ANY OTHER BUSINESS		
1 mins	No other business was raised.		
17/042	DATE AND TIME OF NEXT MEETING		
1 mins	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 20th December 2018, in the Boardroom, King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12.15pm</p>		

17/043	CHAIR DECLARED THE MEETING CLOSED		
1 min	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald</p> <p>Chair</p> <p>Date</p>		

17/044	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT	21	
8 mins	<p>Ian Holden (IH), Governor, expressed the view that discussions would be required with the governors regarding the ICS to aid understanding relating to the changing relationships with senior staff and the way in which the governors can seek assurance via the non-executive directors.</p> <p>JM advised the need to share information with the governors is recognised.</p> <p>IH advised staff at Newark hospital have been very pleased with the management support received over the last year from RM and Ant Rosevear, Assistant Chief Operating Officer, Newark. However, the current discussions regarding senior staffing revision at Newark are causing some concern with staff feeling this is not as transparent as they would like it to be. These discussions are happening at a time when the hospital is under some considerable pressure and staff would like some more clarity.</p> <p>RM advised Newark is a very important site. 50% of the services to be visited by the CQC in 2019 are based at Newark. It can be evidenced that the Urgent Care Centre provides very good care, progress has been made in relation to outpatients utilisation and more patients are going through theatres at Newark. RM advised there is a need to strengthen the management input into Newark, while recognising the individuals who work in Newark are very well liked. However, in some instances it is unclear who to raise queries with.</p> <p>The proposal is to strengthen management in Newark with a senior nurse and deputy to work between Mansfield Community and Newark hospitals. In addition, there will be greater input from the divisions into Newark, particularly divisional general managers and their deputies. There will always be two senior members of staff on site. While there won't be the same individual members of staff on site each day, it will bring the divisions closer to the ownership and management of Newark. It is recognised this decision won't be appreciated by everybody.</p> <p>In terms of communication, this issue has been discussed at the executive team meetings and will be communicated directly to staff at Newark. RM advised he spoke to staff at Newark about some of the proposals at the staff brief in October and November.</p> <p>JM advised there is a need to ensure there is a strong service input across the Trust but Newark has an identity and needs to operate in its own right. It is important to get the balance right.</p> <p>IH advised there are concerns the Urgent Care Centre is potentially closing with the associated loss of medical support and concerns wards will close.</p> <p>RM advised it is recognised communications can be improved but gave assurance issues such as the Urgent Care Centre proposals and the impact on beds have been communicated to staff in many different ways. However, given staff understandably have concerns about the Urgent Care Centre closing and the impact of that on beds suggests the</p>		

	way in which senior management are interacting with staff can be improved and is further validation for changing and strengthening management input at Newark Hospital.		
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