UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 28th February 2019 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	
	Sarbpreet Sihota	Guardian of Safe Working	SS
	Alison Steele	Head of Research and Innovation	AS
	Dr Jo Levene	Consultant Clinical Psychologist Acting Lead for Physical Health Psychology	JL
	Dr Sanchia Biswas	Macmillan Clinical Psychologist	SaB
	Dr Sam Malins	Clinical Psychologist	SaM
	Naomi Pye	Trainee Macmillan Clinical Psychologist	NP
	Michelle Lee	Patient	ML
	Bob Truswell	Head of Strategic Procurement	BT
	Mark Stone	Emergency Planning Officer	MS
	Steve May	Chief Pharmacist	StM
Observer:	Gail Shadlock	NeXT Director Scheme	
	Ian Holden	Public Governor	
	Roz Norman	Staff Governor	
	Chloe Mays	Psychology Placement Student	
	Penny Tindall	Lead Cancer Nurse	
	Kate Roggan	Macmillan Project Team	
	Ellen Cotton	Macmillan Project Team	
	Helen Nind	Macmillan Project Team	
	Jo Gregg	Macmillan Information Centre Manager	
Apologies:	Claire Ward	Non-Executive Director	CW

Item No.	Item	Action	Date
17/124	**WELCOME**		
1 min	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.		
17/125	**DECLARATIONS OF INTEREST**		
1 min	JM declared his position as Chair of the Mid-Nottinghamshire Better Together Board.		
17/126	**APOLOGIES FOR ABSENCE**		
1 min	Apologies were received from Claire Ward, Non-Executive Director		
17/127	**MINUTES OF THE PREVIOUS MEETING**		
1 min	Following a review of the minutes of the Board of Directors in Public held on 31st January 2019, the Board of Directors APPROVED the minutes as a true and accurate record.		
17/128	**MATTERS ARISING/ACTION LOG**		
1 min	The Board of Directors AGREED that actions 17/063, 17/097.1, 17/097.3 and 17/100 were complete and could be removed from the action tracker.		
17/129	**CHAIR'S REPORT**		
3 mins	JM presented the report, highlighting the new service at Newark Hospital for cancer patients. This is good for patients as they no longer need to travel to King's Mill Hospital or Nottingham University Hospital (NUH) to receive this treatment. The governor election process is underway, with both public and staff governors to be elected. The Gamma Scanner appeal is nearing the halfway point to the target of £550k. The volunteers in the Daffodil Café recently donated £35,000 to the appeal. The Board of Directors expressed thanks to the volunteers for this donation. JM advised the interviews for his replacement as Chair of the Better Together Board are due to take place on 4th March 2019. The Board of Directors were ASSURED by the report		
17/130	**CHIEF EXECUTIVE'S REPORT**		
6 mins	RM presented the report, advising February has been a difficult month for the Trust, in particular from an emergency care perspective. There have been very high levels of attendance and admissions. It was acknowledged the team in ED and beyond have been working exceptionally hard over Winter.		

	The Trust's strategy is nearing completion. RM expressed his thanks to everyone who has been involved in its development. This is a good piece of work in terms of listening to the views of different stakeholders, not just patients and the public, but staff and the organisations SFHFT works with. A final piece of work is required over the next week to engage with subject matter experts to 'fine tune' the strategy ready for launch the first week of April 2019. The Trust has two responsibilities, which will be highlighted in the strategy. The first of these is the Trust's responsibility as a provider of very good care and the other is the responsibility for working with partners in relation to the prevention agenda, public health and working closely with patients in relation to personal responsibility for care. A number of the executive team are actively involved in the Integrated Care System (ICS) and Integrated Care Provider (ICP). RM advised it is becoming clearer how the Trust's role as a provider of healthcare will interact with the ICP and the ICS. Some of the work at ICP level links into the strategy work relating to health and social care focus on prevention, while also recognising the importance of delivering high quality of care today. The 2018 staff survey results were released on 26th February 2019 and there is a lot to be pleased with. There are three key pieces of information in the results, the first of which being overall staff engagement. Overall engagement in this organisation is the highest of any hospital trust in the East Midlands and the 11th best nationally. The second key piece of information is staff recommending SFHFT as a place to work and receive treatment. The Trust was ranked highest in the East Midlands and the 8th best nationally. The final key piece of information relates to staff being satisfied with the quality of work and the care they provide. SFHFT was ranked highest in the East Midlands for acute trusts and 6th best nationally. While noting the positive news, it is recognised some groups of staff do not feel empowered to do their jobs on a day to day basis and are not having the same experience as the majority of staff. Steps need to be taken to improve the experience for these staff as content staff deliver high quality care. The number of leadership academies is reducing from ten to seven. The East Midlands Leadership Academy is merging with the West Midlands Leadership Academy to form the Midlands Leadership Academy. RM and JB are involved with this, placing the Trust in a position to help shape it. The Board of Directors acknowledged AH's appointment as the Medical Director for the ICS, noting he will spend three days per week in that role and two days per week in his role as Medical Director for SFHFT. The Board of Directors were ASSURED by the report		
17/131	**STRATEGIC PRIORITY 2 – TO SUPPORT EACH OTHER TO DO A GREAT JOB**		
8 mins	**Culture and Leadership** JB presented the report, highlighting the apprenticeship update. The Trust is using the apprenticeship levy. Any organisation which does not spend their levy is required to pay back unspent levy contributions.		

	However, the Trust is unlikely to be in this position as it has active apprenticeships. Currently the balance of apprenticeships being undertaken within the Trust is 75% non-clinical and 25% clinical. This partly relates to the way in which the national frameworks were released and some of the clinical frameworks are still awaited. The aim is to move towards a 50/50 split. The main challenge for the Trust is the rule in relation to 20% off the job training, leading to 20% of an individual's time being lost which has to be built into work schedules. This is partly being managed by staff contributing to projects so it is on the job. This is a challenge across all sectors. JB highlighted the work of the Employee Time to Change Champions, advising this initiative has been in place for 18 months. This initiative is one way to support the reduction of sickness absence relating to stress, anxiety and depression. There are currently 26 trained champions across the Trust with a further 10 champions in training. JM felt it is not clear if the desired culture has been defined. There is a need for leaders to think differently and be outward looking, but views of other staff also need to be taken into consideration. The organisation needs to consider how to support staff to think differently and define and embrace what the culture is. MG advised the culture of the Trust needs to be shaped. The key elements are in place from the audit work, discussions relating to the reasons for setting up the Workforce and Culture Committee, etc. There is a need to articulate the desired culture. JB advised there are a number of engagement activities deigned to tease out information relating to behaviour in practice, etc. for example, moral compass work with senior leadership, unions and staff, and there will be more engagement work in relation to the Just Culture idea which is being rolled out. However, it would be useful to set some time aside at Board level to look at this further and work through some examples. MG felt a lot of information is coming through the draft strategy work. Different elements in the draft document need to be pulled together in one overall statement. In terms of looking outwards, there is a need to identify the skills required by the Trust's leaders to equip them for the future. JM advised it is important to engage with staff as any change in culture will only be successful if everyone buys into it and helps shape it. ***Action*** • **Culture to be a topic for a future Board of Directors workshop** JB advised from April onwards the culture and leadership reports will be presented to the Workforce and Culture Committee. The Board of Directors were ASSURED by the report	**JB**	**TBC**

28 mins	**Staff Survey** JB presented the report, advising the results are still being analysed. In addition to the scores contained in the report, nearly 400 comments have been received. These are being worked through to identify what staff are saying as this adds rich context to the scores and aids understanding of trends. Analysis by division and service line is also being worked on. The report has been issued in a different format this year. Previously the report identified if the Trust was in the top or bottom 20% for various questions. This year the best, worst and average score has been provided alongside the Trust's score. However, a spreadsheet is available on the national website which can be used to complete further analysis. There are ten key indicators which questions are grouped into. SFHFT is above average for acute trusts in eight of these indicators and average in two. There are two areas where the Trust's score has marginally reduced (0.1%) compared to the 2017 survey, namely equality, diversity and inclusion and safe environment. Although the score has reduced, the Trust is still at the average level. One of the key indicators is if staff would recommend the organisation as a place to work and a place to receive care. SFHFT is well above the average for these indicators and the scores show a steady improvement. Another key indicator, which links to culture, is if staff believe care of patients / service users is the organisation's top priority. This is another area where SFHFT is well above the average. The survey can be broken down into four or five key areas. SFHFT scores above average in all the questions relating to how staff feel about their job, how they're managed and how they feel about the organisation. The area where the Trust isn't doing as well relates to health, wellbeing and safety. While over 50% of the scores are above average, there are a number of scores below average in this area. In relation to personal development and appraisal, a number of scores are above average but the areas which are below average are in answer to the questions relating to staff feeling appraisal helps them to do their job or that appraisal helps them to identify their learning and development needs. This raises questions about the quality of appraisals. It was noted the appraisal system was relaunched last year so improvements may still be working through. Areas where the Trust has done well relate to staff being enthusiastic about working for SFHFT and feeling they make a difference to patients and service users. One of the areas where the Trust's score is below average relates to staff working a lot of additional paid hours. It was noted there has been a drive on increasing bank usage and reducing agency spend. Therefore, any clinical staff who want to work extra hours are usually able to do this, either through bank or overtime, and it is felt this is being reflected in that score. There is a metric relating to unpaid additional hours and the Trust is better than average in relation to that. Therefore, staff are being paid for additional hours which generally means they are working them voluntarily.		

	Another area where there is a low score relates to staff feeling under pressure from their manager to attend work when they are unwell. Sickness absence is rigorously managed and the Trust has some of the lowest sickness absence figures. However, there is a clear correlation between that and the low score in this area of the staff survey. It is difficult to have low sickness figures and score well on that metric. The sickness policy was reviewed last year and there has been some training in relation to softening some of the approach to sickness, particularly with long term chronic conditions. A key recurrent theme relates to staff experiencing physical violence from patients, service users and relatives. On examining the figures, staff indicate they don't always report incidents, almost accepting it as part of the job. This needs to be a focus for the coming year. There are a number of themes to pursue. The comments received will be worked through. The results have been distributed to divisions, senior teams and HR business partners. They will be asked to produce action plans. The way in which the report has been produced this year means it is a useful tool to have an 'at a glance' look at some of the larger service areas to form a view if a particular area is below or above average on every score. Some Trust wide actions will be identified and built into the workforce strategy, maximising our potential and culture and leadership work. NG recognised the improvement across the ten areas the Trust is measured on and acknowledged the Trust is better than average in most cases, but noted the improvements are marginal, with most of the scores only changing by 0.1. The good news should be tempered with the challenge to improve further. NG would like to gain an understanding regarding the aspiration in terms of these measures. The comments relating to violence were noted. There is a need to identify why incidents are happening and take steps to address those issues. GW felt 'average', as referred to in the report, is not the right benchmark for the Trust to measure against. A more meaningful benchmark would be to aim for the upper quartile, towards the upper decile. This would demonstrate to staff that we want to hear from them and shows the aspiration the Trust wants to achieve for them. TR felt the Board of Directors should thank the staff who took time to complete the survey, acknowledging that the response rate has increased. More staff need to complete the survey to provide a fuller picture. With reference to the appraisal process, TR felt there is a need to educate and value staff to enable the appraisee to lead the process, not the appraiser. RM acknowledged comparing the Trust to the average is not the best comparison. There has been improvement over the last 12 months and the Trust is in the upper decile for the indicators which the CQC put the most importance on. In addition, against organisations the CQC rank as Outstanding, SFHFT is in the same area in terms of performance. A lot of work has been put into this and the Trust is a lot better than four years ago. These are the best staff survey results the organisation has had but the results do give a clear view of areas where improvement is		

	required. AH advised it is a closed marking system, with the range between 1 and 1.5 from worst to best. Therefore, a change of 0.1 equates to 10%, which is a significant increase. JB advised there has been a change to the reporting system for this year as the report gives the average rather than the top or bottom 20%, which was reported in previous years. This is reflected in how the report was written. In terms of ambition, this has been set out in the Maximising our Potential KPIs. Achieving the last 20% takes as much effort as the first 80%. Therefore, while a 0.1 increase may not sound much, it can take a disproportionate amount of effort to achieve. MG felt the Trust's aspiration should be to be the best for the community. In terms of the move towards outstanding, to achieve good the KPIs focused on the quantity. The focus should now shift towards the qualitative. RM advised the report was written before the Trust had access to the database which contains information to make it easier to draw comparative conclusions. This information will be shared with members of the Board of Directors. The free text comments provide the most insightful information. These have been shared with the senior leadership team and can be shared with Non-Executive Directors. It is important to look at the comments in context. The Trust has 4,500 staff and 400 comments were received, of which 250 were negative and 150 were positive. These comments will help focus attention on areas where work is required. The Trust needs to be realistic in relation to aspirations and accept improvement is being pursued. The results in 12 months' time will be the output of how much effort has been put in. If we want this to improve dramatically, there is a need to have rethink the approach. ***Action*** • **Staff survey database to be circulated to the Board of Directors** BB felt the free text comments are powerful as that provides the learning about the opportunities for improvement. Rather than reading individual text, the thematic analysis is import. JM advised the initial discussions regarding this would take place at the Workforce and Culture Committee, which would then feed back as a substantive item to the Board of Directors. ***Action*** • **Analysis of the free text comments contained in the 2018 staff survey to be presented to the Workforce and Culture Committee and then fed back to the Board of Directors as a substantive agenda item.** BB advised she was generally pleased with the staff survey results but expressed concern regarding the violence staff are experiencing,	**JB** **JB**	**28/03/19** **TBC**

	querying if there was some way to work with the local community to profile that. AH advised there had been similar discussions last year in relation to violence against staff. Some work has been undertaken in relation to this and two components have been identified, one being 'genuine' violence from patients to staff and the other being violence in the context of patients who are in delirium. Discussions have taken place regarding a campaign to address the first element to make it visible around the Trust, both for staff and members of the public. In relation to the second element, a lot of work has been done in regards to delirium in the last year. Staff are now more likely to report incidents. TR queried if the results include Medirest staff and, if not, how can that data be obtained as they are part of the organisation. JB advised Medirest staff are excluded as they are not employed by SFHFT. JM recognised there has been a continued improvement, but the Trust needs to be ambitious, which links to the discussion regarding culture. Thought needs to be given to how the Trust can improve and where learning can be taken from. This is partly talking to staff but also looking at other organisations, particularly in areas where the Trust is not performing well. The ambition is to continue to improve at all levels. In relation to the violence issue, the Trust wants to be safe for patients. There is a need to apply equal determination to make the organisation safe for staff. While the staff survey can't be extended to Medirest, there needs to be some discussion to identify how information can be gathered from their staff as they are a large part of the organisation. If SFHFT wants to get to a single culture, there is a need to interact with Medirest staff in the same way as other staff. MG felt this is where the partnership approach to contract management comes in to be able to ask those assurance questions. GW advised Medirest do undertake surveys. It would be useful to have visibility of those. TR advised feedback from friends and family surveys includes services provided by Medirest staff. JB advised the individual comments can't be attributed to areas as they are anonymised. RM felt it would be useful to share the 2017 comments and the analysis of that when the 2018 free text comments are shared. JB advised the themes from the staff survey are built into the Maximising our Potential work. PW advised the discussions regarding feedback from Medirest and Skanska staff can be picked up through the Joint Liaison Committee.		

	Action		
	• **Discussions regarding obtaining feedback, similar to the staff survey, from Medirest and Skanska staff to take place through the Joint Liaison Committee**	**PW**	**28/03/19**
	The Board of Directors were ASSURED by the report		
8 mins	**Flu Vaccination Performance** JB presented the report and advised at the start of the campaign there was a stated ambition from NHS England (NHSE) to vaccinate 100% of front line staff. Currently 81.6% of the Trust's front line staff have received the vaccine which, while falling short of 100%, is high for an acute trust. Individuals who declined the vaccination were asked to provide the reason for this. This information enabled discussions to take place with staff and, in some cases, change minds about having the vaccination. In addition, the information will be used to help future campaigns. Next year an egg free vaccine will be available which will enable staff who have an egg allergy to have the vaccination. Four high risk areas were identified and compliance in these areas has been monitored weekly throughout the campaign. The Trust was recently invited to attend a national conference to present information about how the campaign was managed as SFHFT is seen as an exemplar trust for this work. JM felt there were four broad themes reported for not having the vaccine. Staff need to be reassured while recognising there are some valid comments, for example, previously experiencing side effects. RM advised comparatively the Trust has performed well and can evidence uptake has improved over the last couple of years. However, there is still a higher proportion of clinical staff being vaccinated than non-clinical staff. This needs to be an area of focus for next winter. KB advised one approach for the campaign is the idea of 'herd' immunity, i.e. even if you think you're well and won't get flu there are chances of coming into contact with people who care for someone whose immunity is compromised and passing the virus on. It is important to have the vaccine to protect those who can't get the vaccine but are at risk. This fits in with the wellbeing strategy work for the coming year. BB noted the improvement from last year and this should be celebrated. The vaccines are improving every year which, combined with increased uptake, should make a big difference. BB queried if there are any opportunities around the flu vaccination programme for the Trust to play a part in the wider system. For example, neonatal intensive care unit (NICU) was identified as a high risk area. Is it known if parents coming into NICU have been vaccinated? RM advised discussions have taken place through the A&E Delivery Board about vaccination uptake in care homes and nursing homes and with pregnant mothers. That can be expanded going into next Winter. RM felt it important to note the speed of uptake, advising that before		

	Christmas 75-80% of staff had been vaccinated. It is important to receive the vaccine early, before the spike in flu cases. KB felt another group to consider is partners of pregnant women. SuB advised as part of the health event for the homeless, arrangements were made for them to be vaccinated. JM noted the good performance but work is required to increase the uptake of the vaccine by non-clinical staff. The Board of Directors were ASSURED by the report		
12 mins	**Guardian of Safe Working** SS presented the report and advised there has been an improvement over the last 3 months. The technical issue reported to the Board of Directors in the previous quarterly report, relating to not receiving exception reports, has largely resolved. An improvement has been seen in the number of exception reports closed and dealt with in a timely manner. Some work schedule reviews have been completed as a result of exception reporting but these have had positive outcomes. Vacancy rates remain low and the gaps are supported by the clinical fellows programme. There were only 14 unfilled shifts over the last 3 months. This is due to forward planning, identifying where the vacancies are and filling those in advance. AH acknowledged having only 14 rota gaps in 3 months is very good. SS advised some of the shifts were not part of scheduled rotas but were additional shifts to manage the busy period over winter. Attendance at the junior doctors' forum has improved. The process is improving but there is a need to continue to encourage junior doctors and supervisors to engage. AH acknowledged the work of SS and the steady progress which has been made. It is important to keep the work refreshed due to junior doctor rotation. There are currently 27 medical vacancies and junior doctor vacancies are in single figures. There is a real opportunity to work with juniors and be supportive. This is an ongoing piece of work but crucial as juniors are the future of the NHS. TR queried if there was anything further which could be done to support the process. SS advised the work currently being done needs to continue. It is encouraging that there are various avenues and opportunities for junior doctors to raise issues, not just one junior doctors' forum. The HR medical workforce encourages junior doctors to step forward and take on that responsibility. NG noted indications in the staff survey are that staff feel under pressure to come to work when they are ill and queried if this was evident among junior doctors and if that compromised safety.		

	SS advised he had not received that feedback directly. AH advised junior doctors' sickness rates regionally and nationally are the highest they've been so this is not a big issue in the Trust compared to other areas. People take time off and part of what has been described in relation to rota gaps, etc. is allowing for that. The Trust is now better sighted to junior doctor leave through software which is in place. RM advised he, along with AH and SiB, attended the board to ward junior doctors' forum at the end of January. There were 16 specific things that the organisation agreed to support the junior doctors with. In terms of taking responsibility for the actions, there was a 50/50 split for the Trust and the junior doctors. A further forum is scheduled for June 2019 when progress will be reviewed. KB advised from a communications point of view an understanding is being gained in relation to how junior doctors access information. While only a small thing, three posters have been produced for display in the doctors mess regarding some of the HR support which is available 24/7 as some of electronic methods of communication aren't reaching the juniors. JM noted the work in relation to junior doctors and felt the same principles for gathering information from nurses, etc. should be considered as this is not done through existing measures. ***Action*** • **Chief Nurse to discuss with nurse leaders and agree if and how the approach taken in relation to junior doctors and safe working might be broadened** JM acknowledged the Trust is successful in recruiting junior staff as it felt SFHFT is a good place to work. This is due in no small part to the work which SS is leading. The Board of Directors were ASSURED by the report	**SuB**	**02/05/19**
17/132	**STRATEGIC PRIORITY 3 - TO INSPIRE EXCELLENCE**		
17 mins	**Research Strategy – Quarterly Progress Report** AS presented the report and advised the recruitment target for 2018/2019 was achieved in October 2018. Recruitment at the end of Q3 is at 115% of target. To date there are 1,820 patients recruited into research, which is a 31% increase on Q3 of 2017/2018 and places SFHFT 4th of 15 trusts in the region. There has been an increase in studies which are open and recruiting in Q3 from 61 to 70. This evidences studies are active and patients are being recruited to them in a timely fashion. Areas where the Trust has not previously been research active have been targeted over the last 12 months, with the main areas being ED and critical care; there is one study in ED and three in critical care.		

	Some of the research funding has been used to support staff in those areas as they are specialised trials. Portfolio balance remains an area of challenge. The aim is to shift the balance to have more interventional studies and there has been an increase from 9% to 14% over the last quarter. It is important to have the balance to maximise opportunities for patients and financial income. In terms of finance, despite a budget decrease last year the Trust is continuing to do significantly more activity through using funding in more flexible and creative ways. The current commercial income to Research and Innovation (R&I) as a whole is £37k. This should increase to approximately £45k by year end. This is only the income which comes into R&I. The income which comes into the Trust is approximately £135k-£150k per year. The indicative budget for 2019/2020 has been received and is based on a decrease of about 4.05%, which is what is to be expected from the National Institute for Health Research (NIHR) year on year. Therefore, despite good performance the Trust has to manage those decreases. Cost savings have been made and the budget has gone back to Clinical Research Networks (CRN) for approval. Initial communication indicates that has been accepted. A new funding model for Consultant Research PA support has been launched this year which ensures allocation is performance based and access is equitable. The patient experience survey for research was launched in October 2018. 76 surveys were completed by Q3, giving a 99.6% satisfaction rate. The response rate was only 18% and the aim is to increase that to 40%. SFHFT is collaborating with CRN as they are launching a national survey which is an NIHR initiative. The Trust is piloting this with NUH as we want to focus on equity of access and quality of care in research, as well as recruitment numbers. A dashboard is being designed which CRN will produce. Further information will be provided in the Q4 update. The Trust continues to do well in industry studies and has been part of the CRN delivery plan as a priority development site for the last year. Nine commercial studies are open and two are in set up. SFHFT is working with the Academic Health Science Network in relation to innovation to offer support and training for staff who have any novel ideas that could potentially lead to commercialisation. The Trust has been given access to their accelerator programme. This was advertised on the Trust bulletin, but only one person has been in contact. This needs to be advertised more widely. An interactive app, which would be available for patients and staff to find out about research in the Trust, is in the early stages of development. This will identify interest in taking part in trials and will allow people to feedback about what areas they would like to see trials in at SFHFT. Currently most trials are what are offered but it would be useful to know what areas patients would like the Trust to look at.		

	GW acknowledged the good performance and queried, on the assumption the Trust want to enhance commercial income, what the Board of Directors can do to help support R&I and increase the level of commercial work. AS advised the team is currently based in TB3 and doesn't have anywhere to carry out research activity. The team does have a room in Clinic 1, but that is not always suitable. The aim is to open a small, seven bedded unit for clinical research, enabling the Trust to take on more complex trials. Lots of studies are offered where patients need monitoring up to 10pm or investigations and tests are required. The Trust has to turn down those studies, most of which are commercial. The team has been working to identify space, which the Board of Directors' supports, but locating and converting any space identified has not yet been possible. The other aspect is supporting the Principal Investigator (PIs). A lot of commercial studies are complex and, therefore, takes time out of their normal clinical duties. The aim is to make research part of clinical care but that is challenging to do on top of their daily role. MG noted national budgets are falling and trusts are being asked to focus more on commercial opportunities. MG queried how can the Trust make sure research focuses on priority areas, as well as where income can be obtained. In addition, are there ways in which commercial organisations can be influenced and is there any influence at a national level in respect of budgets decreasing. AS felt the Trust should not just go down the commercial route as that doesn't give the wide access of opportunities for patients. There needs to be a balance. The decrease in budgets has not yet affected staffing and the Trust has been able to achieve the same outputs. However, if the trend continues there may be a need to reduce the staffing level. Commercial work is a way to bridge the gap but SFHFT is restricted slightly by patient pathways. The Trust needs to maximise the trials it can do. AH advised NIHR cuts are getting to the point which will impact on staffing levels unless the Trust can grow the commercial income and have a different formula that allows us to keep it to sustain the current body of research nurses. If research nurses are lost, the Trust will lose trial capacity. JM advised the Trust needs to continue the journey in relation to research but discussion is required regarding how to sustain the current staffing level. The Board of Directors views research as being an important part of the Trust's agenda. The Board of Directors were ASSURED by the report		
5 mins	**Communications Quarterly Report** KB presented the report and advised this relates to Q3. In terms of media relations there have been some strong human interest stories and these are getting increased coverage, including some national coverage.		

	In relation to digital communications, the focus has been on visual content. GIFs, videos and infographics work well on social media, regardless of which channel this is used on. Content is targeted depending on the audience. While there is some crossover, Facebook, Instagram and Twitter do have slightly different audiences. In terms of internal communications, the finance campaign has been successful and has helped to save over £30k just from staff ideas. This has been through behavioural change such as turning off lights, printing in colour less, etc. These are all simple measures that all staff can do. The Staff Excellence Awards were cost neutral, this being achieved through sponsorship from external organisations and SFHFT Charity. In relation to external engagement, the Terms of Reference (TOR) for the forum for public involvement have been re-agreed. Members are pleased with how that is going, the information being received and how they feel they can reach into the organisation. A member sits on the quality strategy and members will shortly be sitting on the smoke free group and medicines safety group. The main focus for the team in Q3 has been the engagement work in relation to the strategy and colleagues in the ICS have approached the Trust to share ideas in relation to how they will undertake their long term plan engagement. Learning and practice from the work done in relation to the strategy will be beneficial to the whole system. TR noted data is being collated and queried what can be learnt from that and how it can be used to help with messaging. SFHFT is seen as a positive brand and thought needs to be given to how that can be used. KB advised she is working with AH to run a conference in May. There may be themes which come from the strategy work where it is felt the Trust is doing well. With the confidence the Trust has now there may be more opportunities to host events, inviting external people and key partners, demonstrating SFHFT are leading the agenda. This is in the early stages but is the next step to try and build on the Trust's reputation. The Board of Directors were ASSURED by the report		
17/133	**PATIENT STORY – A PATIENT'S EXPERIENCE OF CANCER: THE IMPACT OF SUPPORT FROM THE CLINICAL PSYCHOLOGY CANCER SERVICE**		
37 mins	JL, SaB, SaM and NP presented the patient story, which related to the service provided by the Clinical Psychology Cancer Service. In addition, ML spoke about the support she received from the team. TR felt this is an area which can be built on through system wide working. Clarification was sought from ML if she felt she was made aware the intervention was available in a timely fashion. ML advised she did not know the service was available. She attended City Hospital for oncology and surgery and they did not mention		

	psychological support. When she attended the dermatology appointment at King's Mill Hospital after surgery the clinical nurse recognised how distressed she was and made the referral. ML advised she was unlikely to have sought help from her GP, as ML herself would have been the last person to recognise she wasn't coping. AH advised patients require help at different times. More support needs to be provided as a trust and a healthcare system outside of hospital and queried what the team's views are about how this can be achieved. JL advised the team have developed a successful integration with one of the Improving Access to Psychological Therapies (IAPT) providers but unfortunately that provider has not been awarded the contract in Mid-Notts. The team had a relationship with Let's Talk Wellbeing who held a weekly session at King's Mill Hospital but also had the flexibility to see people in the community or home visits. Through using routine screening the team could triage referrals coming through the cancer nurse specialist and direct them to the appropriate levels. A direct referral pathway has been developed and they became an extension of the team. The next step will be to form a relationship with the new provider and to link with the Macmillan GPs so there is a dual route into those services, both from the hospital and the community. SaM advised another innovation, which it is anticipated the assistant psychologists will be involved with, is the use of video conferences. The team has been involved in a research project offering cognitive behavioural therapy for people who are highly health anxious. This trial has shown that offering therapy in that way is much more accessible to people who wouldn't usually have psychological therapy, it is as effective as face to face therapy and it saves money, with approximately £1k per patient saved over the course of a year. This could be expanded for people who can't make it to hospital regularly to have psychological therapy but also people who wouldn't necessarily want to be seen coming to see a psychologist. Therapy outside of hospital could be offered using that medium. As the team have already been involved in the trial, paperwork for consent, information governance issues, etc. are already in place. BB noted this is a great experience for patients with a cancer diagnosis and queried how the learning from that could be taken and applied to patients with other diagnoses which are life changing and have a poor prognosis but don't attract the Macmillan additional funding. ML advised her life will hopefully carry on and be as positive as it was before her illness, although she is still being monitored. There are patients with chronic, long term, life changing conditions who would benefit from the service. BB queried how it can be ensured that the system responds to patients' needs rather than diagnostic labels to open and close access to services. JL advised the psychological interventions the team uses work with all types of conditions. The team has done some staff training work and supervision with staff in ICU to roll out psychological skills. Discussions have taken place with the cardiac nursing team who are keen to have		

	psychologists working with them. There is evidence psychological support saves money in cardiac care as people aren't coming through with non-cardiac chest pain. AH advised the ICS mental health strategy has just been published and part of the discussion is about Macmillan services outside the Trust, not just for mental health crisis but also IAPT. That will be delivered through the Primary Care Networks. This piece of work needs to be joined up with the work the team are doing. JL advised the team are employed by Notts Healthcare Trust so are involved with the integrated work. MG noted the team is seeking additional funding. Local government have 'invest to save' cases for additional funding and queried if this type of work attracts a higher level of weighting in terms of benefits upstream when applications for funding are being made. JL advised this type of service is seen as the 'icing on the cake' and is the first thing to go in times of funding cuts. What is being proposed would make a huge cost saving and could be termed as invest to save.		
17/134	**SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT**		
47 mins	**ORGANISATIONAL HEALTH** JB advised performance in January was very similar to December. Sickness absence in January rose to 4.45% but this is 0.25% lower than the same period in 2018. In relation to anxiety, stress and depression, the figure for January was 0.8%, which is below the 0.9% threshold. Appraisal currently stands at 96% and mandatory training is at 95%. Turnover increased slightly in January to 0.81% but these figures were affected by a TUPE transfer as 11 whole time equivalent (WTE) staff transferred out of the organisation. However, this is still below the threshold. Overall nurse vacancies are just over 11%, which is an improved position. Band 5 vacancies are just below 17%. The first of the international nurses have recently arrived, with a further seven due to arrive in March. The positive response to the nurse assessment centres continues, although about half of the people coming through now are students who will be part of the outturn in August / September. EU nationals are being tracked and the Trust lost one EU national over the last month. GW felt the TUPE leavers should not be counted in the figures. NG felt it would be useful to see the trend in relation to vacancy rates as this is one of the keys risks for the Trust. The increasing trend of sickness in surgery was noted and NG sought clarification regarding the reason for that.		

	JB advised a lot of administrative sickness had been identified. There have been OD interventions and this has started to pay off but there is a shift in areas now. Some work has been done in theatres and sterile services. The sickness is a mixture of short and long term issues. JM advised further work was required to understand the differences in sickness levels between divisions and the reasons for those as there are some marked differences. This work will be picked up by the Workforce and Culture Committee. AH advised there is a nucleus of long term sickness among medics in surgery. Sickness is discussed at divisional performance meetings, providing an opportunity to drill down into the information. JB advised it is possible to drill down to service areas in the staff survey where more than 11 people have responded. Work can be done to identify if there is any correlation between high sickness rates and a disengaged workforce in any areas. ***Action*** • **Workforce and Culture Committee to identify the reasons for the difference in sickness levels between divisions** **QUALITY** SuB advised there are four exception reports this month. There has been a slight dip in VTE (venous thromboembolism) assessment, dropping from 95% to 93.84%. There has been a dip in urgent and emergency care, which is where the main assessments take place. This has been discussed at divisional performance reviews and this is an area of focus for the consultant in ED. In relation to infection control, there have been two cases of C.difficile in January, taking the total YTD at the end of January to 30. This is within the threshold. There were no avoidable pressure ulcers reported in January but there is a suspected deep tissue injury, which takes a few weeks to validate, and may go on to develop as a pressure ulcer. This will be reported to the Board of Directors next month. In relation to staffing, the Unify position is very positive, showing the controls in relation to rosters. There have been no adverse patient safety incidents and no breaches of tipping points. There are a high number of vacancies in medicine but some bespoke events in relation to the respiratory and urgent and emergency care rotation have taken place and have gone well. There is a risk in relation to Women and Children's. There are vacancies in the community, for which a bespoke recruitment campaign is being done. There are gaps within the hospital as four staff are on long term sick and seven are on maternity leave. Senior midwives are currently providing cover. The use of bank and block contracts with agencies are being considered. The possibility of over recruiting is also being considered due to the constant number of staff on maternity leave. This is a big piece of work in relation to recruitment.	**JB**	**TBC**

	There are no Band 5 AHP therapy vacancies but there are some gaps in radiology and pharmacy at Band 6 which are being covered by temporary staffing. There was an increase in Thornbury and short notice pulse shifts last month. There has been an increase in sickness but cover has been maintained at a higher ratio of bank to agency. SuB highlighted the gap analysis regarding nurse associates contained in the Reading Room and outlined the actions being taken in relation to the two actions in the report which are amber. The second street health event is due to take place on 4th March 2019 The Trust has been shortlisted for a British Journal of Nursing Award, with the ceremony taking place on 8th March 2019. Two menopause conferences have been held and the first monthly support group will be held in March 2019. AH advised performance in relation to sepsis is better than average but has slipped. Following a number of structured judgement reviews and serious incidents, the sepsis team reported to the last Deteriorating Patient Group (DPG) meeting. Some measures have been put in place, including monthly reporting and review of all sepsis deaths. Partly related to that, a risk summit with urgent and emergency care will be held. In relation to 7 day services, the required template has been uploaded. The first audit has been completed. The national standard of over 90% has been met for both weekday and weekends for Standard 2, seeing patients within 14 hours of admission. The national standard was met for weekday and was slightly below the standard for weekends for Standard 8, daily review. The first quarterly report to the Board of Directors will be in May 2019. JM acknowledged the continued good performance in relation to dementia and noted the variation on Unify is far less than it was previously, evidencing more consistent performance. **OPERATIONAL** SiB advised the ED 4 hour standard was 92% in January, which is 2% above trajectory and places SFHFT 12th of 135 trusts nationally. There has been a continued growth in admissions, with an 11% increase in January 2019 compared to January 2018. However, patients are being discharged and length of stay fell by 0.7 of a day during January. All Winter capacity is open, including community capacity which has been commissioned. Type 1 performance, which is ED at King's Mill Hospital, is 8% higher than January 2018. However, there has been a deterioration in PC24's performance, which is the primary care out of hours' service on site at King's Mill Hospital. It was noted they are having difficulty, particularly on Mondays and Fridays, sourcing out of hours GPs for that service. This creates pressure on them but also on the Trust as 20% of patients are streamed to that service. If there is no GP to see patients, they come back to ED.		

	JM noted ED performance is being driven to a degree by PC24 and queried if that is a risk for the Trust to achieve 95% ED performance in March 2019. SiB acknowledged it is a risk but not the only risk. RM queried if one of reasons why PC24 is struggling is due to them taking on other services. SiB advised this is a concern for the Trust but their view is that is not the case. RM felt the work which is currently taking place with commissioners in relation to the tender process for emergency care provision from October 2019/2020, and ensuring that is used as an opportunity to strengthen those services, is important. SiB advised Newark Urgent Care Centre have consistently delivered 98-99% 4 hour performance. TR queried if patients are attending King's Mill Hospital who could and should be directed to Newark Hospital. SiB advised generally no patients attend King's Mill Hospital that aren't case mix appropriate. A lot of patients who are case mix appropriate who live in Newark use Newark Hospital. Sometimes case mix inappropriate patients go to Newark Hospital and they are redirected to King's Mill. GW advised if people don't realise what Newark Hospital can offer they tend to go to NUH rather than King's Mill. SiB advised February has been a challenging month, with ED performance currently standing at 90%. There were eight patients in one block who waited over 12 hours for a bed in medicine in mid-February. A briefing note was completed for JM and RM. Further details will be reported to the Board of Directors in March 2019. ***Action*** • **Briefing note regarding eight patients with a wait in excess of 12 hours in mid-February 2019 to be circulated to non-executive directors** SiB acknowledged staff are tired and recognised their effort and work. JM noted the increase in demand and queried if there were any ongoing discussions with the wider system to identify what is driving that. SiB advised there is a good understanding and patients are not all older people as younger patients, mainly with respiratory illness, are being seen. There was only a 50% uptake on the flu vaccination among this group of people. More work is required with East Midlands Ambulance Service (EMAS) in relation to patients being conveyed to ED who do not require treatment once they have been seen by a doctor. There is a growth in those conveyances and the Trust needs to work with EMAS to	**SiB**	**28/03/19**

	manage that through the A&E delivery board. SiB felt that currently the growth in demand is not related to a lack of primary care provision as 20% of patients are streamed into primary care services. JM queried if the February position nationally will be similar to that of SFHFT. SiB advised there is likely to be a significant drop in NHS performance in February. NG noted February has been a difficult month and queried if, aside from ED performance, there was anything the Board of Directors need to be aware of at this stage. RM advised the main issue is the eight patients who had extended waits in ED. JM felt performance in relation to patients with a stay over 21 days has been inconsistent. SiB advised he personally reviews the top 35 longest stay patients twice per week. That group of patients have used nearly 500 less bed days in January 2019 compared to January 2018. Due to different patient needs, this has to be managed on an individual basis. There is a weekly meeting with partners to go through every patient who has been in hospital over 21 days to try to move them on to the right place. RM acknowledged staff have been working hard for a period of months so not only has February, as a standalone month, been very difficult for staff, there is the cumulative impact of a difficult winter. SiB advised cancer performance has continued to improve but performance is not yet at the desired levels. There has been a 30% growth in demand in the cancer pathway. When patients are diagnosed they are treated quickly. The objective is to improve the diagnostic waiting time. 75% of patients have their first appointment within 10 days. The issue with diagnosis is being isolated to urology, which is a key speciality. There is a generic cancer improvement plan, which is largely complete. The next step is to develop a urology improvement plan. Nine patients are currently at 104 days and they have all had harm reviews. Diagnostics achieved the standard for the ninth consecutive month. Referral to Treatment (RTT) remains stable at 90%. Stability in relation to elective care waiting times has been maintained over winter which wasn't achieved last year. Ward 21 is in the process of being returned to orthopaedics and the aim is for their operating lists to re-start 8th March 2019. Nine patients have been waiting more than 52 weeks at the end of January. They have all had harm reviews. **FINANCE** PR advised at the end of M10 the Trust's financial deficit YTD pre-Provider Sustainability Funding (PSF) is £38.7m, which is £670k better than plan and £20k better than the forecast at M9. This is largely due to the increase in pressure on the non-elective pathway. At M10 PSF is		

	£8.3m, giving a post PSF deficit of £30.4m, which is £500k behind plan. Clinical income in January was £2m more than plan, giving a current YTD figure of £10.5m better than plan. Pay costs were above plan in January and are £10.9m above plan YTD, evidencing the increased activity and the capacity required to service that activity. Agency spend for January was below the NHSI ceiling in month and YTD. The Financial Improvement Plan (FIP) and Financial Recovery Plan (FRP) are £530k behind plan at the end of January. The forecast for year end is the Trust will achieve the pre-PSF control total deficit of £46.37m. The risk range has reduced and there is a residual risk of £290k. In terms of PSF at year end, not all system partners across Nottingham and Nottinghamshire are able to achieve their control total. Therefore, the Trust will lose just over £1m of system PSF in respect of Q2, Q3 and Q4. Given the Trust is not currently achieving the 95% ED 4 hour standard, it is less likely this will be achieved in March 2019. The £1.3m PSF in respect of this has, therefore, been removed from the forecast. Taking into account the non-receipt of PSF in respect of the ED 4 hour standard and the system control total, the post PSF forecast outturn deficit is £36.34m, which is £2.37m adverse to plan. The capital plan is behind by £2.7m at the end of M10. The cash position is £320k behind plan YTD at the end of M10. The year end cash position has improved in planning and the current forecast is the Trust will achieve the minimum cash holding required on 31st March 2019. JM sought clarification regarding the effect on the control total of non-receipt of PSF in respect of the system control total and non-achievement of the ED 4 hour standard in March. PR advised the critical measure applied by NHSI is the pre-PSF forecast, which the Trust will achieve. Any bonus PSF monies are dependent on achievement of the pre-PSF forecast. The planning for 2019/2020 assumed receipt of PSF in respect of achievement of the ED 4 hour standard, but not in respect of system PSF. RM advised for any organisation to receive PSF in respect of ED performance in Q4, they have to deliver 95%. SFHFT is in the upper quartile and is struggling to deliver this performance. Therefore, the assumption is most organisations will not receive PSF. PR advised there is likely to be some unclaimed PSF and this will be redistributed to trusts who achieve their pre-PSF control total. There are two processes, one which is a bonus and the other is an incentive. The bonus is paid on the achievement of pre-PSF control total, which the Trust is expecting to achieve, and to receive PSF in respect of that but the value is not known as the value of the unclaimed PSF is not known. The incentive, which the Trust is not planning to receive, is in respect of trusts who are able to overachieve on their pre-PSF control total. This is paid at £2 of PSF for every £1 of improvement on the control total.		

	NG noted performance in M10 is a big change to the anticipated position at the end of M9, this being £0.67m ahead of plan compared to the forecast of £0.05m. NG queried what the main driver for that is. PR advised this is due to the increased activity levels. JM noted the increase in staff costs is almost the same as clinical income. While an increase in staff costs due to increased activity is expected, staff costs offsetting all the extra income is not expected. PR acknowledged the figures are similar but advised there is no direct correlation. Some of the factors relating to staff costs are non-delivery of FIP requirements, sickness absence cover, etc. RM acknowledged the effort required to deliver the control total. JM recognised the good overall performance, despite the pressures. RM advised the senior leadership team has reflected the second half of the year has been better than the first. It is important to maintain performance in order to start 2019/2020 in a good position. TR sought clarification regarding preparations for the FIP for 2019/2020. PR advised the Trust is in a good position. There is an architecture in place and divisions are bringing plans to the weekly FRP meetings. These meetings will remain in place throughout next year. The plans are more thought through and sophisticated in intent and planning. The Board of Directors CONSIDERED the report		
17/135	**BREXIT PREPAREDNESS - UPDATE**		
17 mins	RM introduced the report advising the Trust has received many requests for information and details from NHSI and NHSE and is compliant with those. The Trust is well prepared in relation to what has been asked of the organisation but there remains uncertainty at a national level. An EU exit preparation working group has been established and will meet weekly from week commencing 4th March 2019. The group comprises of a range of senior people from across the organisation to ensure there is a breadth of understanding. MS advised the Department for Health and Social Care have issued guidelines for NHS organisations and acute hospitals to ensure organisations are as prepared as possible for Brexit. These guidelines have helped maintain focus. The main concerns are is there going to be a disruption to any supplies and to any staff to deliver those supplies. NHSE have done some fantastic work in making sure organisations are well protected against any foreseeable difficult situations. Internally, SFHFT are compliant will all the guidelines and continue to work in preparation. Any risks outlined in the risk assessment are low and manageable. The working group is a good move as it will help maintain senior level oversight.		

	BT advised, from a procurement point of view, there have been requests for information, action plans, etc. which have been completed. NHSE advised there is to be no local stockpiling but there is an element of stock building on a national basis. NHS Supply Chain have increased their capacity by 30% and have two new warehouses. There are plans in place for imports through Europe with a dedicated NHS supply channel. As a Trust, everything which can be done has been done. Some of the advice is crystallising into firm actions. For example, there has been a request for information in relation to delivery hours and if deliveries out of hours can be accommodated. This has been discussed with Medirest and goods receipt points. A core list of products is being developed considering order timeframes to account for any delays at ports. This is currently being worked on and will require discussion with divisions. StM advised from a pharmacy point of view everything is going to plan and national guidance is being followed. The Trust is not stockpiling medicines. There is an electronic system in place which will provide visibility of stock in other trusts. Therefore, if shortages are encountered it is possible to borrow supplies from other trusts. A message will be sent out to clinical staff in relation to not over prescribing and messages will also be given to patients for them not to stockpile at home. Stockpiling is a concern as this will cause shortages. GW noted capacity has been increased by 30%, querying what that equates to in stock days and what the impact will be on the lead time for deliveries. BT advised it is difficult to give a definitive answer on stock days as some items move faster than others but it is in the region of 20 days. There is a breakdown of goods which go through Europe and items which come direct to the UK. NHS Supply Chain are now working on that basis. There is a consolidation exercise in Europe and some warehousing in mainland Europe where goods will be stored to come through the NHS supply channel. The Trust's annual stock take for materials management is due which provides the opportunity to identify goods the Trust has on stock and what is fast moving. TR sought clarity regarding the communication strategy in relation to Brexit, both internal and external. JM felt this should be fed back to the ICS as there needs to be a consistent message across Nottinghamshire, rather than SFHFT as an individual organisation. MS advised the NHSE EU Regional Exit Team are taking the lead on issues which are pan-region or national. Assistance and support is available from them in terms of how messages are communicated, unless they are localised messages. KB advised following the discussion at Board in February, a high level update was issued as part of the staff brief and in the bulletin.		

	Action • **Confirm communications issued / to be issued by the NHSE EU Regional Exit Team** MG felt the Trust should take a step back to re-look at the guidance which has been issued to identify what the risks are, given the political situation. JM noted the assurance provided in the report. However, if there are issues with the assurances provided by NHSE, these will have an effect at a local level. The Trust needs to look beyond the guidance to identify risks and if there is a need to develop local contingency plans. From a governance perspective it would be beneficial for one of the non-executive directors to look into this work in more detail and provide feedback to the Board of Directors. GW will take on this role and will attend the weekly meetings of the EU exit preparation working group. MS advised table top exercises have been arranged at a divisional level to identify some of these issues. This work has also been carried out at a regional level. Lessons learned from this work have been incorporated into the business continuity plan. JM acknowledged the work which has been done and the assurance which has been provided. The Board of Directors were ASSURED by the report	**KB**	**28/03/19**
17/136 6 min	**OUTSTANDING SERVICE** A short video was played highlighting the work of the Occupational Health Team.		
17/137 1 min	**COMMUNICATIONS TO WIDER ORGANISATION** The Board of Directors AGREED the following items would be distributed to the wider organisation • Patient story • Newark cancer service • Culture, staff survey and safe working • Research • Performance, including acknowledging staff's efforts • Brexit		
17/138 1 mins	**ANY OTHER BUSINESS** No other business was raised.		

17/139	**DATE AND TIME OF NEXT MEETING**		
1 mins	It was CONFIRMED that the next Board of Directors meeting in Public would be held on 28th March 2019, in the Boardroom, King's Mill Hospital at 09:00. There being no further business the Chair declared the meeting closed at 12.35pm		
17/140	**CHAIR DECLARED THE MEETING CLOSED**		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. John MacDonald **Chair** **Date**		

17/141	**QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT**		
4 mins	Roz Norman (RN), Staff Governor advised she is Chair of Unison's Health Service Group Executive and, as such, sits on the staff council. SFHFT's flu vaccination campaign is seen as an excellent campaign. RN advised she has been contacted by Torbay Hospital, Peterborough Hospital, Nottinghamshire and Derbyshire Hospitals, EMAS and Nottinghamshire County Council requesting information in relation to the menopause conferences as they wish to do similar work. JM noted it is good to hear the work of SFHFT is being recognised wider. Ian Holden (IH), Public Governor noted the staff survey did not include any feedback from the volunteers. JM advised ways of how to link the volunteers into the staff survey will be considered. ***Action*** • **Methods of obtaining feedback from the volunteers, similar to the information contained in the staff survey, to be considered.** IH advised he recently attended an NHS Providers conference at which there was discussion in relation to integrated care pathways, etc. Someone is to be appointed in NHSI specifically to look at strategic restructuring and the expectation is there will be mergers. IH noted the reference in the Chief Executive's Report to a report by the Competition and Markets Authority into hospital mergers and mortality and requested this be circulated to governors. RM advised the view across NHSI, and in particular the Midlands, is that mergers don't particularly work; 'chains' are being seen as a more effective way of working. ***Action*** • **Report by the Competition and Markets Authority into hospital mergers and mortality to be circulated to governors**	**JB** **KB/SH**	**TBC** **28/03/19**