

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 09:00 on Thursday 2<sup>nd</sup> May 2019 in the Boardroom, Newark Hospital

<b>Present:</b>	John MacDonald	Chairman	JM
	Claire Ward	Non-Executive Director	CW
	Neal Gossage	Non-Executive Director	NG
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Manjeet Gill	Non-Executive Director	MG
	Richard Mitchell	Chief Executive	RM
	Julie Bacon	Executive Director of HR & OD	JB
	Suzanne Banks	Chief Nurse	SuB
	Paul Robinson	Chief Financial Officer	PR
	Shirley Higginbotham	Director of Corporate Affairs	SH
<b>In Attendance:</b>	Sue Bradshaw	Minutes	
	Helen Hendley	Deputy Chief Operating Officer for Elective Care	HH
	Zahid Noor	Head of Appraisal and Revalidation	ZN
	Debbie King	Named Nurse Lead, Safeguarding Adults	DK
<b>Observer:</b>	Gail Shadlock	NeXT Director Scheme	
	Philip Marsh	Public Governor	
<b>Apologies:</b>	Dr Andy Haynes	Medical Director & Deputy Chief Executive	AH
	Simon Barton	Chief Operating Officer	SiB
	Tim Reddish	Non-Executive Director	TR

Item No.	Item	Action	Date
<b>17/190</b>	<b>WELCOME</b>		
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.		
<b>17/191</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	There were no declarations of interest. JM informed the Board of Directors he has stepped down as Chair of the Mid-Nottinghamshire Better Together Board with effect from 1 <sup>st</sup> May 2019		
<b>17/192</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	Apologies were received from Dr Andy Haynes, Medical Director and Deputy Chief Executive, Simon Barton, Chief Operating Officer and Tim Reddish, Non-Executive Director.  It was noted that Helen Hendley, Deputy Chief Operating Officer for Elective Care, was attending the meeting in place of Simon Barton and Zahid Noor, Head of Appraisal and Revalidation, was attending the meeting in place of Dr Andy Haynes.		
<b>17/193</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors in Public held on 28 <sup>th</sup> March 2019, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>17/194</b>	<b>MATTERS ARISING/ACTION LOG</b>		
2 min	The Board of Directors AGREED that actions 17/097.2, 17/131.3, 17/134.1, 17/163.1, 17/163.2, 17/166.1, 17/166.2 and 17/168 were complete and could be removed from the action tracker.  <i>Action 17/166.3</i> – It was noted the maternity quality summit took place on 26 <sup>th</sup> April 2019. An update will be provided to the Quality Committee who will feed back to the Board of Directors as necessary. The Board of Directors AGREED this action was complete and could be removed from the action tracker.  <i>Action 17/171</i> – It was noted this is not on the risk register. Discussions are underway with the relevant division and it will be reported through the Risk Committee. The Board of Directors AGREED this action was complete and could be removed from the action tracker.		
<b>17/195</b>	<b>CHAIR'S REPORT</b>		
2 mins	JM presented the report, advising the governor election process is now complete. JM advised the newly elected governors bring a good breadth and depth of experience to the Trust.  JM advised three of SFHFT's teams have been shortlisted for the National Patient Safety Awards.		

	The Board of Directors were ASSURED by the report		
<b>17/196</b>	<b>CHIEF EXECUTIVE'S REPORT</b>		
5 mins	<p>RM presented the report, advising there are many things the Trust should reflect on with pride. SFHFT is entering 2019/2020 in a better position than 2018/2019. However, the Trust needs to be mindful of staff fatigue in this and partner organisations and ensure staff are supported throughout what is likely to be a busy and difficult year ahead.</p> <p>Capacity is a system wide challenge and there is a need for the Trust to work closely with partners to ensure there is the required level of capacity across the system for the year ahead. Capacity relates not just to acute bed capacity but is all forms of capacity across the system. There is a need to work effectively with partners to safely reduce demand and to facilitate safe timely discharge of patients.</p> <p>The Trust's first recognition week was held at the beginning of April. This was generally well received by staff and provided the opportunity to reflect on the many successes of the last 12 months. The new strategy has been launched internally and this will be launched externally when the local government elections are concluded and the period of Purdah is over. The strategy is based around a good piece of listening work with staff, volunteers, governors, patients and the public and clearly sets out how SFHFT will provide outstanding care to patients in the future but how the Trust will be working with partners, not just in health but also the local authority, over the coming years.</p> <p>RM advised he and SH recently attended the Mansfield and Sutton League of Hospital Friends 70<sup>th</sup> Anniversary event and expressed thanks to the Mansfield and Sutton League of Friends for their incredible work over the years. The support the hospital received from the League of Friends was acknowledged, as was their fundraising efforts.</p> <p>The recent 'Say yes to Newark' meeting was well attended by members of the local Newark community and was a broadly positive meeting. The two issues which people were most interested in, and where they felt listened to, was confirmation from commissioners and the Trust that the Urgent Treatment Centre will stay open 24 hours. Secondly, the Trust signalled discussions are ongoing about the opportunity to return orthopaedic surgery to Newark but reflecting this is not guaranteed. Clinically lead conversations are ongoing and these are expected to conclude in the next couple of months.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>17/197</b>	<b>STRATEGIC PRIORITY 1 - TO PROVIDE OUTSTANDING CARE</b>		
12 mins	<p><b>7 day Hospital Services – Board Assurance Framework</b></p> <p>ZN presented the report, advising overall the Trust is performing well. It was noted this report includes more patients than previous reports. The new format for 2019 onwards will survey a sample of patients</p>		

prospectively over a 7 day period, rather than retrospectively which was the previous process. This will enable to the Trust to escalate any issues that arise in a timely manner.

The assessment is against four clinical standards, namely the first consultant review within 14 hours, appropriate ongoing consultant reviews for patients, providing an assessment of the provision of relevant diagnostic tests and availability of consultant directed interventions.

The Trust achieved 94% of first consultant reviews being within 14 hours. In relation to appropriate ongoing consultant reviews, the Trust reviewed 100% of patients who required twice daily consultant reviews. With regards to daily consultant reviews, overall the Trust achieved 90%, with 94% on weekdays. However, there was a dip in weekend performance which was mainly due to patients in trauma and orthopaedics. This has been escalated through the service line and there has been some recent improvement.

Access to diagnostics and interventions are available 7 days per week. Therefore, the Trust is compliant with this requirement.

Feedback from the last report which was submitted to NHSE indicated they are looking for more evidence, particularly in relation to consultants' job planning.

BB queried how the process gets embedded and be made part of concurrent practice so the system is being tracked to ensure standards are being addressed.

ZN advised this survey was prospective. This is the new process so if there are any issues they can be addressed at the time.

BB queried if there is an understanding of the improvement actions taken by trauma and orthopaedics.

ZN advised the issue was only in relation to weekends. They have looked at the sample of patients who didn't have reviews. The job planning process has been improved.

NG noted there is a variability of performance across the specialties and queried what is an acceptable level of performance for the first consultant review. NG noted there are two serious incidents noted in the Single Oversight Framework (SOF) report which relate to reviews not happening within 14 hours and queried if there is a link and what actions should be taken to minimise the risk of serious incidents.

ZN advised there were multiple factors in relation to the serious incidents, one of which being there were some new recruits in acute medicine who lacked understanding of the system. This has now been addressed. Performance in paediatrics was 60%. The reason for this will be looked at in more detail and addressed by the team.

GW noted the anomalies in the report, highlighting there is no commentary to explain the reasons for those or the actions being taken to address the issues.

	<p>JM felt performance within the surgery division is also an area for concern. There is a need to understand why the same level of performance is not seen in all areas. JM felt no area should be less than 90% of patients having their first consultant review within 14 hours. The good average was acknowledged but there are some areas for concern. More assurance is required in the next quarterly report to understand why performance is lower in surgery and paediatrics and what steps can be taken to address this.</p> <p>RM requested the next report for the Board of Directors includes the figures from this quarter to demonstrate the rolling average.</p> <p>MG felt further analysis and observations should be included in future reports.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Future 7 Day Hospital Services reports to include the rolling average figures and more analysis</b></li> </ul> <p>The Board of Directors were ASSURED by the report</p>	<p>AH</p>	<p>01/08/19</p>
<p>17/198</p>	<p><b>PATIENT STORY – THANK YOU FOR SEEING ME. DOMESTIC ABUSE - A PATIENT’S JOURNEY</b></p>		
<p>38 mins</p>	<p>DK presented the patient story, highlighting two cases studies which related to domestic abuse and the work of the safeguarding team.</p> <p>JM acknowledged the difficult world the safeguarding team work in, noting it is particularly difficult to identify people who have been subjected to emotional abuse.</p> <p>DK advised there has been recognition from the government and changes in legislation have been introduced in relation to the emotional impact of domestic abuse.</p> <p>BB felt the patient story was a good example of the Trust working with agencies outside the hospital.</p> <p>JM queried if the agencies work well together.</p> <p>DK advised Nottinghamshire is recognised nationally in terms of how services work together. SFHFT is positioned as a leading model of care and is recognised as being a strong referrer into the Multi Agency Risk Assessment Conference (MARAC). This is due to the dedication of staff.</p> <p>MG felt this is a good example of excellent practice in relation to high level discussions about population management, prevention, etc. Domestic violence is one of the key root causes for many issues, such as addiction, offending behaviours, chronic health issues, etc.</p> <p>JM queried how many people the team deal with per year.</p> <p>DK advised statistically 1 in 3 women and 1 in 6 or 1 in 8 men will experience an incident of domestic abuse at some point in their life. There is a call to the Police every 30 seconds in relation to domestic</p>		

abuse and 1 in 8 women each day will experience an incident of domestic abuse. 750,000 children will witness an incident of domestic abuse in some way. These are the statistics and cases that are known. JM advised he hadn't realised the extent of the issue, feeling it is a hidden problem.

SuB advised presenting a patient story on safeguarding is difficult as the outcome is not seen. However, the Independent Domestic Violence Advocates (IDVA) have enabled outcomes to be demonstrated. Since the introduction of IDVAs and the additional training regarding domestic abuse, a significant number of employees have come forward and raised concerns.

MG queried what additional training has been put in place in relation to dealing with people from different ethnic backgrounds and what support is available to them.

DK advised it is known there is consistent under representation of some groups. Domestic abuse is included in all safeguarding training and Nottinghamshire Women's Aid provide training for staff on recognising and dealing with domestic abuse, including underrepresented groups. Domestic abuse is difficult to disclose and it is recognised there are certain circumstances when this is more difficult.

BB advised approximately 20,500 people per year in Nottinghamshire will suffer domestic abuse. During the period from 2015-2018 there were 13 deaths linked to domestic abuse. One of the challenges for system working was gaining support from GPs. The leadership shown by the Trust needs to penetrate all the local care system.

CW queried that given interventions with the hospital are purely by chance, what else can be done to provide some of that knowledge and recognition skills to the volunteers and what communication methods can be used to inform people the hospital is somewhere they can report incidents.

DK advised posters have recently been changed and supplies are awaited. These will be put up around the hospital, including toilets where people have more time to take in the information. While people may not be able to take literature with them, it is important to have it on display so they can memorise the helpline number, etc. While resources are available for women, the next step is to look at how pathways for men can be developed and how to get the information across to men. A set of leaflets for staff have been produced. The next focus will be on leaflets for patients and service users, including displaying cards in key areas.

The volunteers can access training, but it is acknowledged asking them to come for a full day may be difficult. DK advised she is working with Tracey Brassington, Community Involvement Manager, to develop some shorter sessions.

GW noted it is unusual to have two case studies within the patient story but felt it was an effective and powerful presentation.



	DK advised domestic abuse doesn't go away, it just grows old with people. There are an increasing number of cases coming through older person services.		
17/199	<b>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</b>		
79 mins	<p><b>ORGANISATIONAL HEALTH</b></p> <p>JB advised March has reflected the KPI position for most of 2018/2019. Sickness absence decreased from 4.5% in February to 4.19% in March. As there is a seasonal aspect to sickness absence work has commenced to plot a more seasonal trajectory for this KPI for 2019/2020. SFHFT's cumulative sickness absence rate for 2018/2019 is 3.71%, compared to an average across the NHS of 4.45% and 4.62% in the East Midlands. Absence due to anxiety, stress and depression is being monitored and this increased in March to 1.07%. As awareness is being raised and people are being encouraged to report this as the reason for absence where appropriate, rather than masking it as an alternative category, this increase is as expected. Some drill down work has also been carried out to identify home and work related stress. 20% appears to be attributable to work, with 30% linked to bereavement issues, etc.</p> <p>Turnover remains low at 0.67% in March. Band 5 registered nurse vacancies have decreased to 15.9%, which is the lowest rate since this has been monitored as a separate category. Medical vacancies are currently at 7.2%.</p> <p>Across the year KPIs have hit target in terms of appraisal and mandatory training. Staff retention is good, as indicated by turnover. The only exception report is for sickness absence.</p> <p>NG noted that, in terms of sickness, the trend graph shows the same position as a year ago and there is no evidence of progress. In the case of the surgery division sickness is at record levels. This raises a concern that the plans which are in place are not delivering. The issue with sickness in surgery division is manifesting itself as an overspend against the operational target for last year, which may not all be linked to sickness but there is some correlation. NG advised he would like further information on what the targets are and what actions are being taken to deliver those targets.</p> <p>JB advised the drill down work which has been undertaken was presented to the People, OD and Culture Committee. Each division has been looked at closely to identify any underlying reasons for sickness. There are some broad reasons, for example, corporate is usually lower due to not being patient facing and diagnostics and outpatients have an ageing workforce so there are issues linked to that. Sickness absence in each division is due to a range of reasons. Surgery have been doing a lot of engagement work with their Patient Pathway Coordinators (PPCs) as that was a particularly high rate, but there are other issues, such as bereavement, planned surgery, etc. There is no strong trend which is setting surgery apart from the other divisions but it is a culmination of individual cases.</p>		

The way in which the sickness policy is being applied has been looked at. Across all divisions during 2018/2019 there were a number of Stage 1s and Stage 2s, evidencing the policy is being applied. The other challenge linked to sickness absence is the results from the staff survey which placed the Trust in the lowest 20% performing acute trusts nationally for staff feeling under pressure to attend work when they are ill. This pressure is coming from their line manager but also staff not wanting to let colleagues down. It is a difficult balance as the Trust does not want staff at work who are not fit to perform their duties but they are frightened of the consequences linked to the sickness policy, but equally there is a need to challenge high areas of sickness. Individual cases are being dealt with and managed in accordance with the policy. Where motivational issues affecting clusters have been identified, OD interventions are put in place.

MG felt that current interventions are working, noting that musculoskeletal (MSK) was the number one reason for sickness absence but this has moved down to number two. This evidences that interventions in those areas have been effective. The People, OD and Culture Committee considered the changing environment in terms of increasing demand, the effect on workloads and what needs to be done in relation to this. The deep dive revealed more information about stress and a lot of analysis and diagnostics work has been done. There is a need to start thinking about assurance on other types of interventions that may be needed. Benchmarking against other trusts is useful as there may be opportunities to learn from better performing trusts.

GW felt surgery division is an area for concern, noting that the cumulative total is increasing which indicates rapidly deteriorating monthly performance. GW advised more information should be provided in relation to what is happening month on month. There may be a need to challenge the policy to ensure it is being effective.

JM advised it is important to get the balance right between a firm sickness policy and good support for staff who need it to help prevent them going off sick or when they are sick.

JB advised the example of MSK is useful as a lot of health and wellbeing work has been done in relation to this which has significantly reduced sickness linked to MSK.

MG noted the issues which would be picked up through the People, OD and Culture Committee are to look at the effectiveness of interventions and if further interventions are required, particularly with regard to benchmarking, more detail in relation to what is happening month on month, what more can be done to support staff and is the balance right between the sickness policy and support for staff.

JM advised the Board of Directors need an understanding of the variations and assurance that the right approach is in place.



	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• People, OD and Culture Committee to look into the reasons for the variation in sickness levels between divisions</li> <li>• People, OD and Culture Committee to identify if the balance is right between support for staff and the sickness policy</li> </ul> <p><b>QUALITY</b></p> <p>SuB advised Q4 shows an overall positive position in relation to patient safety, quality and experience. However, there are two exception reports. One of which is in relation to VTE. It was noted there is a trajectory in place to get performance back on track for April data. The other exception report relates to the friends and family test which is slightly below target for maternity, outpatients and ED. Performance is consistently above 90% but this needs to be increased. There is a focus on increasing the response rate. In addition to this, where issues are being identified in the feedback, the departments are focussing on that. Both of these issues are discussed at divisional performance reviews and ward assurance meetings.</p> <p>In relation to infection control, there were no cases of c difficile (c diff) in March, bringing the year end position to 35 cases, which is below the annual threshold. The threshold for 2019/2020 is 79 cases but there are changes to the reporting mechanisms with cases being reported at 48 hours.</p> <p>JM queried if c diff for 2018/2019 has been measured using the new definition to enable comparison as the year progresses.</p> <p>SuB advised this work could be carried out.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Cases of c difficile for 2018/2019 to be measured using the definition for 2019/2020 to enable comparisons to be made</li> </ul> <p>SuB advised there were no cases of norovirus during Q4. There have been seven serious incidents during Q4 and no never events. The serious incidents are currently going through the Root Cause Analysis (RCA) process and will be reported to the Quality Committee.</p> <p>In relation to falls, the Trust was well below the national average for Q4. There were two avoidable category 2 pressure ulcers identified in Q4, both of which were classified as low harm, and no avoidable category 3 or 4 pressure ulcers. The Trust continues to perform well in relation to dementia screening.</p> <p>In considering patient safety, quality and experience and staffing as a whole, it must be recognised there has been a period of increased bed capacity, two surgical wards were converted to medical wards and there has been an increased throughput in the day case unit, leading to bed utilisation in those areas being changed. The sickness rate has slightly increased. While the vacancy position is improving, there are some areas which still have a high number of Band 5 vacancies. Women and children currently have 20% of staff unavailable due to sickness and</p>	<p>JB</p> <p>JB</p> <p>SuB</p>	<p>01/08/19</p> <p>01/08/19</p> <p>06/06/19</p>
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maternity. The recent risk summit addressed some of those issues.

12 international nurses have started and appraisals are at or above target. There were three occasions during Q4 when safe staffing levels were breached. RCAs have been completed and letters of apology sent to each of the registered nurses. However, it was noted there has been no correlation to any patient harm.

The mental health practitioner is working with one of the consultants who has a particular interest in mental health first aid to undertake a piece of work in relation to this. The second menopause support group has been held and these sessions have been scheduled to take place throughout the year. The third street health event is being planned in conjunction with the CCG.

BB noted that in the feedback from the friends and family test, there is a recurrent theme about staff attitudes in relation to the sexual health service. BB queried what steps are being taken to address this.

SuB advised she has spoken to both the head of nursing for that division and the matron in sexual health. The issues relate to two individuals. Conversations have taken place with those individuals and an improvement notice has been given to one of them.

BB felt it is important not to lose sight of 'people' when looking at performance data in terms of percentages, querying if there is a way of capturing how many people the percentage relates to.

JM noted the number of serious incidents is low and felt it is important to evidence if there has been learning taken on board from previous incidents by evidencing whether or not there have been previous incidents with a similar reason in the last two years. There is a need to focus on outcomes and the quality rather than just counting the inputs.

SuB advised someone has recently taken up post in governance and a slightly different approach is being taken in relation to the human factors.

**OPERATIONAL**

HH advised overall the access portfolio is balanced. Cancer remains a key area of focus, along with delivery of the Winter plan and the emergency care pathway. SFHFT is treating more patients than ever, both for cancer and on the emergency pathway, but there has been an improvement in performance. The ED 4 hour standard in March was 92.8%, which was 2.2% below trajectory and placed the Trust 22<sup>nd</sup> of 135 trusts nationally. Overall for the year the Trust achieved 94.2%. There were 14% more admissions via ED in March 2019 compared to March 2018 and this is an upward trend.

Work is ongoing to reduce length of stay and the current levels are similar to July 2018. Winter bed capacity plan is on plan and Ward 21 has returned to elective orthopaedic work, which has reduced the bed capacity by 24. However, there have been 58 extra medical beds across mid-Notts. All the capacity was due to wind down through April but some capacity has been left in place to cover over the May Day

	<p>Bank Holiday weekend.</p> <p>There has been one 12 hour breach in month which related to a patient requiring a Mental Health bed. An RCA has been completed which identified the same theme as previous cases with regards to Notts Healthcare's ability to provide a bed.</p> <p>ED medical staffing remains a risk for the next quarter as there are less middle grades in the rotation which is causing gaps. The Trust continues to seek agency and bank contracts to fill those gaps and there are two doctors starting in May 2019.</p> <p>JM advised factors affecting performance include the numbers of admissions, medical staff numbers and issues with PC24. It was noted the Trust is currently ranked 22<sup>nd</sup> nationally for ED 4 hour performance, compared to being in the top 10 a year ago. It is important for the Board of Directors to understand what the drivers affecting performance are and what actions can be taken to address the issues. There is a need to understand why the number of admissions is increasing.</p> <p>RM advised this issue was discussed at the Board of Directors workshop on 25<sup>th</sup> April 2019. It was noted some of the challenges faced by the Trust were explained during that session, together with the actions being taken. There are three main issues affecting ED performance, the first of which is the dramatic increase in the volume of patients electing to attend ED or being brought in by East Midlands Ambulance Service (EMAS), both from an attendance and admission perspective. When comparing the last 4 months to the equivalent period last year the percentage increase has been 9%, 10%, 9.5% and 9%.</p> <p>The second element is internal working. There is more the Trust wants to achieve internally regarding the safe movement of patients, availability of beds on EAU, etc. The medical gaps in ED were acknowledged, as was the fact that staff are working hard but they are under pressure.</p> <p>The third element is discharges. There is more work to do with the local authority and commissioners regarding this, but the Trust is currently under pressure from commissioners to reduce beds.</p> <p>It is possible to evidence some of the causes relating to ED performance. A plan needs to be put in place which will at least plateau the increase in demand in the future. This links into the working of the Integrated Care Provider (ICP) and discussions with primary care and other organisations about patients who are high volume service users and patients who are interacting with ED but who could be cared for in primary care or pharmacy.</p> <p>HH felt identifying the biggest driver of ED performance may help to understand the issues.</p> <p>JM felt there are short and long term actions required. System behaviours won't change in the short term. Pressure on staff is an issue but it is important not to let performance drop as this puts immense pressure on staff. It is important for the Trust to find ways of</p>		
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	<p>supporting staff to maintain performance. There is a need to identify the reasons for increased ED attendance via the community.</p> <p>GW felt PC24 is a key element and felt more information about their performance and what action is being taken to get more activity through that route should be included in the report.</p> <p>NG felt the possible causes affecting performance should be outlined in the report, together with what the impact is and what is being done to address the issues.</p> <p>MG felt it would be useful to have more granular information on the types of admissions and how that trend compares to last year. MG noted a joint RCA had been undertaken with Notts Healthcare Trust relating to the patient who waited over 12 hours for a bed and sought clarification regarding the reporting route.</p> <p>RM advised this is fed through the A&amp;E delivery board. On the day that wait occurred, there were no adult psychiatric beds available in the country.</p> <p>MG noted the reference in the report to strengthening the 'front door' team to try to get patients into community services as an alternative to admission, noting this is a system intervention but it is due to cease in April.</p> <p>JM advised the CCG are reducing funding to a number of schemes, looking at issues from the perspective of an individual scheme focus rather than looking at the wider impact. This needs to be discussed with the CCG, together with GPs, etc.</p> <p>CW noted that when considering performance by day of the week, the number of attendances on Thursday, which was the worst day, was the same as Sunday, which is one of the better days. Given that, CW queried if there is a need to consider staffing on that day and decisions being made in relation to admissions vs attendances, etc.</p> <p>ZN advised there have been changes to the working patterns in ED and a new rota has been introduced. There is a need to identify where the gaps are and where additional support can be put in. The issue relating to middle grade staff is being addressed as they are now getting more support training.</p> <p>RM felt there is a need to think about the way in which the sub committees, Board of Directors workshops and the Public Board interact.</p> <p>RM advised when considering performance by days of the week it is important to look at the mean under 4 hour performance from April 2018 to March 2019 as this provides a longer data set. This shows that Monday and Tuesday are the most difficult days and it gradually improves through the week. This is due to the fact that over the weekend discharges are less than admissions. Therefore, Monday starts with a cumulative effect of patients waiting for beds. Including the discharge information in the report would portray the imbalance.</p>		
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<p>The availability of medical beds on EAU is a key area of focus. If staff in ED can be provided with beds to suitably admit patients to in a timely way, they will generally continue to deliver a high level of performance. Steps to increase the number of beds available on EAU need to be considered. This may lead to a longer term plan to increase the size of EAU or increase the number of medical beds or beds outside the organisation.</p> <p>The Trust needs to work with partners to understand the reasons for the increase in attendance and admissions and what actions can be taken.</p> <p>RM assured the Board of Directors that planning for the Winter of 2018/2019 was better than previous years. The activity and the listening exercise which was put in place for 2018/2019 will be replicated for 2019/2020. Learning from Winter 2018/2019 will be a topic for discussion at the forthcoming meeting of the A&amp;E delivery board for mid-Notts. The first draft of the Integrated Care System (ICS) Winter plan for 2019/2020 will be presented to the ICS Board in July. This will show some of the challenges faced across the system. An update on planning for Winter 2019/2020 will be given at Private Board in July/August.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Update on Winter planning for 2019/2020 to be provided to Private Board</b></li> <li>• <b>Identify the reasons for increase in A&amp;E attendances and admissions (with the ICS and ICP) and key drivers of performance</b></li> </ul> <p>NG sought clarification if bed capacity in EAU had previously been increased.</p> <p>HH advised capacity had been increased by three beds.</p> <p>JM advised there is a need to gain an understanding of what is happening in the community to drive the increase in ED attendances and admissions and some short and long term actions will be required. The Board of Directors would support discussions around the system. Any discussions in relation to urgent care need to involve all partners and should take place not just at the A&amp;E delivery board but also in contract negotiations.</p> <p>RM advised that while PC24's performance has deteriorated, in terms of overall performance it only equates to 0.2%.</p> <p>HH advised SFHFT remains one of the better performing trusts within the region for cancer care. There has been an increase in demand with 2,000 more referrals in 2018/2019 compared to 2017/2018. Each of those patients will have 2 or 3 contacts before diagnosis. Despite that pressure, the Trust has continued to treat patients quickly following diagnosis. In February, 80.3% of patients were treated within 62 days and all the other cancer standards were delivered.</p> <p>The key objective in relation to cancer remains improving the time to diagnosis and there is a specific recovery plan for urology which is</p>	<p>SiB</p> <p>SiB</p>	<p>01/08/19</p> <p>06/06/19</p>
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focusing on that part of the pathway. Pressure is building in low gastrointestinal (GI). April was bowel awareness month and there is always an increase in demand when there is a campaign.

NG noted diagnostics is a recurring theme and progress is not being made towards getting the extra capacity which is required. NG noted the fluctuation in 2 week wait demand between -5% and +24% and queried if there was a greater incidence of cancer or more referrals being received from GPs.

HH advised the referral to treatment conversation rate has remained constant at approximately 7-8%, which indicates the referrals being received are the right referrals. However, in some areas GPs have made referrals via a 2 week pathway as the waiting time for a routine outpatients' appointment was too long. More work needs to be done with GPs regarding referrals. Urology are looking to triage referrals to reduce demand and feedback any inappropriate referrals to the GP. Fluctuations in demand are usually linked to various campaigns.

JM queried if there is any evidence of certain practices attempting to bypass the system more than others by referring people inappropriately and what action can be taken if that is the case.

HH advised there is no specific evidence but this has been seen within dermatology. There are a number of groups which include CCG colleagues, for example, they attend the monthly task force meeting. The CCG are keen to receive feedback, but those referrals need to be identified. Any cases are reported to the CCG who discuss it with the GP. It has not been monitored if this situation is improving or getting worse.

HH advised, in relation to diagnostics for cancer, MRI has been an issue, particularly in relation to the urology pathway. There will be some additional MRI capacity on the King's Mill site in June. Teams have been requested to prioritise cancer patients, which will impact on the diagnostic DM01 standard. The long term plan is the business case to get a second static MRI scanner on site. This needs to be progressed as quickly as possible.

GW sought clarification regarding progress of the business case.

HH advised the business case has been written. This will be discussed with SiB and progress reported back to the Board of Directors.

JM queried if the business case includes an assessment of demand.

HH advised the business case is clear that there is demand now and this will continue into the future.

HH advised the second issue relating to diagnostics is endoscopy. There has been some demand and capacity modelling which will be reported to the Executive Team meeting before the end of May 2019. Patient choice affects endoscopy performance and it has been highlighted that people cancel colonoscopies, gastroscopies, etc. as they are concerned about the procedure. The Trust is looking at ways to get some physiological support for patients to enable them to attend



	<p>their appointment.</p> <p>The mobile MRI scanner is a short term solution, looking to the business case in the longer term. For endoscopy the longer term need is an extra room but the Trust is looking at what can be done in the short term.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Board of Directors to be provided with an update regarding progress of the business case for a second static MRI scanner</b></li> </ul> <p>HH advised referral to treatment (RTT) has been relatively stable throughout 2018/2019, achieving over 90% against a backdrop of increasing demand. The position at the end of March 2019 is an improvement on the March 2018 position. At the end of March 2019 there were zero 52 week waiters for the first time since October 2016.</p> <p>For 2019/2020 there are two programmes of work. Firstly, outpatient transformation. 85% of the workload is non-admitted activity. There is a need to work with the teams to release capacity so that the right patients are seen face to face in a timely manner. The second programme of work is theatre productivity and relates to reducing the amount of underutilised time on theatre lists. The focus for that programme will be on the day performance, improved scheduling and patient optimisation. The key metrics will be the average cases per list. The aim is to deal with 300 additional cases in 2019/2020 and a trajectory has been set to achieve this. These two programmes of work will help the Trust achieve over 90% and a trajectory has been set to achieve 92% by November 2019.</p> <p>RM queried if the November 2019 target is realistic.</p> <p>HH advised it is realistic, given the programme of work which is already in place and some of the progress made on the schemes through last year and into this year. It is important to get ahead on the outpatient transformation work.</p> <p>RM advised through ICS and ICP working the Trust has been given approximately £1.5m transformation money to support pre-existing schemes which sit across the ICP. A proportion of that money should be given to the outpatient transformation work.</p> <p>HH advised there is a range of things happening which will support the programme in relation to different ways of working, working with community colleagues, etc. There are also technological advances which the Trust has been approached to pilot.</p> <p>JM noted that in relation to 18 weeks RTT, trauma and orthopaedic (T&amp;O) and dermatology were not performing as well as other areas and queried the reason for that.</p> <p>HH advised it took T&amp;O all year to recover from Winter 2017/2018 based on the number of patients who did not have elective surgery during January and February 2018. There has been less take up of</p>	<p>SiB</p>	<p>06/06/19</p>
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extra sessions at weekends from surgical colleagues. Previously the Trust would rely heavily on weekend waiting list initiatives but this is not happening and it may be linked to the pension issue.

RM asked JB to provide an update regarding the pension issue.

JB advised there is an issue linked to HMRC tax rules and the lifetime allowance, which is broadly £1m in people's pension pot, and the annual allowance for tax threshold which is £40k. This is an increase of £40k into the pension pot. High earners in the NHS are starting to be affected by these rules, particularly consultants and senior leaders. This means that consultants are becoming more cautious about picking up extra paid activity, such as waiting list initiatives. In addition, people want to alter their job plans. In the longer term it is likely different patterns of work will emerge with people recognising they will hit the thresholds at a certain age and choosing, at a younger age, to have a better work / life balance throughout their career.

Some people are choosing to leave the pension scheme but others are choosing to limit what they are earning. There is also a taper effect for people who earn over £150k per annum which reduces the annual allowance to £10k. NHS Employers have picked up this issue and have been lobbying to have the taper aspect removed. They are also in discussion with the NHS pension scheme to ask them to look at what the pension scheme is offering higher earners. The BMA has become active as one of things they've been asking for is senior medics who leave the scheme to receive the amount of money which would be paid as an employer's contribution to the pension as an addition to their normal pay. However, this doesn't solve the fundamental problem which is the money increasing and, in some cases, it puts people back into the taper issue.

In the NHS the average pension pot is only £17k and there are a lot of lower paid staff who feel they can't afford to be in the scheme. Therefore, offering higher paid staff, who have a £1m pension pot, a 20% bonus, when lower paid staff can't afford to have a pension, would be seen as very unfair.

This issue is starting to affect senior medical capacity across the country and there is a need to be able to think more flexibly about medical careers. If people are dropping sessions, that could be rolled up into a substantive post to recruit to, but this poses further problems if it would create a vacancy in a hard to fill area.

NG advised there are ways around this, clarifying the £40k limit is what qualifies for tax relief. It is possible to pay in more but there will be an extra charge.

HH advised another issue affecting RTT in T&O is the fluctuation in trauma demand which has impacted on elective capacity. Dermatology has over delivered on activity plan and there have been significant consultant capacity issues. Medefor and the virtual hospital model, which is being rolled out through cardiology, gastro and dermatology, will help with gaining an understanding if the right referrals are being received.

Diagnostics have performed well all year, with the exception of March 2019. There was almost 50% staff sickness in echocardiography which led to a number of breaches. This situation is improving and should be back on track for April 2019. However, there is an increase in sleep referrals. The reason for this increase requires further investigation. There has also been an increase in MRI breaches due to prioritising cancer patients.

JM acknowledged the work undertaken to achieve zero 52 week waiters.

**FINANCE**

PR advised at year end the Trust achieved the pre-Provider Sustainability Funding (PSF) control total and the regulator's requirement for the cap on agency spend. At year end the Trust's financial deficit pre-PSF was £46.25m which is £110k better than plan. Achievement of the pre-PSF control total provides trusts with the opportunity to receive incentive PSF monies. SFHFT has been advised it will be in receipt of £7.5m incentive PSF money as a result of agreeing and delivering the control total.

During 2018/2019 the Trust achieved £18.9m of PSF comprising of £11.33m of core PSF, which is £11.33m of the £12.4m available, with the shortfall being the non-delivery of the system control total, £160k of incentive PSF, which relates to the year end outturn, £5.67m of general distribution PSF for agreeing the control total and a further £1.75m of incentive PSF for delivering the control total. This brings the Trust's post PSF deficit to £27.35m, which is £6.3m better than plan.

PR advised NHSI use these figures to monitor the Trust's financial delivery through the year. However, the Trust's accounts record a slightly different figure which is due to the year end revaluation of land and buildings undertaken by the district valuer. The fluctuating value of assets means that change needs to be reflected each year in income and expenditure. This year SFHFT's land and buildings have increased in value by £17.3m. This is recorded in the accounts as a reversal of previous impairments. When this is reflected in the accounts, for accounting purposes only the recorded deficit will be £9.54m, which is £24.4m better than plan.

Income is above plan and pay is above plan, with this being mostly related to non-elective activity. Agency costs have reduced in March and in year. The year end spend on agency and temporary staffing was £14.3m, which is £2.4m below the ceiling and represents a 50% reduction on the total value of that spend compared to three years ago.

The Financial Improvement Plan (FIP) achieved £16.5m which is behind the original plan by £810k. However, a revised plan was put in place in September 2018 when the Trust received external assistance from Ernst and Young. The revised plan was achieved.

In relation to capital, this is slightly ahead of plan due to receipt of public dividend capital. Cash is ahead of plan as Q3 PSF cash was received ahead of the expected date. This has reduced borrowing in April.

	<p><b>Surgery Division</b></p> <p>JM noted that surgery division had been mentioned several times through the SOF, with issues highlighted relating to sickness, finance, waiting times, etc. This raises concerns if this is chance or something more systemic. There is a need to look at surgery in depth and for the Board of Directors to receive assurance there is an understanding of the issues in surgery and there is leadership and the capacity to deliver.</p> <p>RM advised surgery have attended Finance Committee on three occasions over the last 12 months and have also been to Quality Committee. There are thematic challenges in surgery. As the division reports into SiB, RM advised he would like SiB's guidance on how to proceed. There are two options, one of which being for the executive team to review surgery and report back to the Board of Directors or for non-executives to be included in the process.</p> <p>RM advised reporting lines need to be clear, including the way in which the executive team, senior leadership team for performance, committees and Board of Directors work together.</p> <p>JM proposed, RM discuss how to proceed with SiB and then report back to JM with terms of reference, timescales, etc. This would then be fed back to the Board of Directors.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>RM to discuss review of surgery division with SiB and report back to JM with terms of reference, timescales, etc.</b></li> </ul> <p>The Board of Directors CONSIDERED the report</p>	<p>RM</p>	<p>06/06/19</p>
<p>17/200</p>	<p><b>BOARD ASSURANCE FRAMEWORK (BAF)</b></p>		
<p>3 mins</p>	<p>RM presented the report advising the principal risks (PR) have been through all the appropriate committees over the last couple of months. The three keys risks remain as demand overwhelming capacity (PR2), critical shortage of workforce capacity and capability (PR3) and failure to retain financial sustainability (PR4).</p> <p>Elements have been removed from the BAF in an attempt to simplify it. The BAF will be revisited at the Board of Directors workshop on 30<sup>th</sup> May, having reviewed it in line with the new strategy.</p> <p>GW advised that following a discussion at the Audit and Assurance Committee, it was felt that for the purpose of Board and to demonstrate strong governance around the BAF, the Board of Directors should approved the BAF rather than note it.</p> <p>JB advised that at the recent meeting of the People, OD and Culture Committee, it was recommended that the tolerable risk for PR3 should move from 8 to 12.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework</p>		

17/201	LEARNING FROM DEATHS QUARTERLY REPORT		
10 mins	<p>ZN presented the report advising performance is average. The main change in this quarter is that a schedule of attendance by specialty mortality leads has been agreed, whereby individual services will be given the opportunity to present their mortality journey. Overall the monthly report from Dr Foster shows the Trust is performing well. This information is used to identify any individual services which are outliers where further improvement can be made. That input comes from the speciality leads.</p> <p>In relation to learning disability and mental health, not all parties involved were aware that a structured judgement review was required for all deaths within this group of patients. This has now been addressed. The 2019/2020 work programme will focus on patients with a clinical code of schizophrenia, acute psychosis and bi-polar disorder.</p> <p>The Trust did receive a mortality outlier alert from the Dr Foster Unit which has been responded to. The final outcome is awaited from the CQC.</p> <p>The ReSPECT Tool has now been implemented in all services and has been positively received. The Deteriorating Patient Group (DPG) will continue to have oversight of the use of the tool, reporting to Patient Safety Quality Group through the DPG Dashboard.</p> <p>In relation to the medical examiner role, the business case has been approved and the post will be advertised shortly. The Trust has concluded the pilot phase of preparing for this role and on the whole it has evaluated well. The enhanced discussions with bereaved families, who are given the opportunity to have a full explanation of the cause of death and to have any questions and queries answered by a subjective senior doctor not directly involved in the care of their loved one, has been of particular benefit.</p> <p>83% of deaths have been reviewed, which is similar to this time last year.</p> <p>The need to improve the awareness and prescribing of warfarin has been a key learning theme through Q4. This has been incorporated into current action plans.</p> <p>NG felt that paragraph 3.2 of the report, “The Trust has made significant progress along the mortality journey and it would not be unreasonable to accept the current ‘within expected range’ position without further question. As a Trust aspiring to be outstanding we recognise that we should continue to strive for improvement” encapsulates the Trust’s current position. NG advised he would like to see this come through all the performance reporting which is presented to the Board of Directors.</p> <p>MG advised she would like to see more rich information relating to what the learning achieved in terms of impact included in the report.</p> <p>ZN advised this will be included in the report for year end.</p>		

	<p>BB noted child deaths do not appear in this report as there is a particular process for child deaths but queried if that is factored into the work of the group looking at mortality.</p> <p>ZN advised he was not clear if that was the case as there is a separate process for child deaths.</p> <p>BB noted the reference to taking learning from people with a learning disability and queried if that covers everyone who would be classed as having a severe and enduring mental illness as this would allow the Trust to proactively flag patients as they come into the hospital that they are known to have severe and enduring mental illness and, therefore, may need some extra care and attention.</p> <p>ZN advised as far as he is aware that is case, but there is a need to be clear about patients who are admitted which is why the focus for 2019/2020 is on patients with a clinical code of schizophrenia, acute psychosis and bi-polar disorder.</p> <p>JM noted the percentage of deaths reviewed is currently about the same as last year but this is below 90%.</p> <p>ZN advised there is a lag in the figures. This percentage should increase by the time the report for the end of the year is produced.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>17/202</b>	<b>USE OF TRUST SEAL</b>		
1 min	<p>SH advised the Trust Seal has not been used during Q4</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>17/203</b>	<b>FIT AND PROPER PERSON</b>		
1 min	<p>SH presented the report, advising the CQC Regulation 5, Fit and Proper Persons requirement, applies to all directors. A review of the personal files of all directors noted the evidence required to meet the requirements.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>17/204</b>	<b>COMMITTEE TERMS OF REFERENCE, WORKPLANS AND EFFECTIVENESS REVIEWS</b>		
1 min	<p>SH presented the report, advising all the committees carry out an effectiveness review annually. Two of the committees have some actions for completion during 2019/2020 and these are outlined in the report. The terms of reference and work plans for Quality Committee and People, OD and Culture Committee are currently in draft form. These will be presented to the Board of Directors when they have been agreed.</p> <p>The Board of Directors were ASSURED by the report</p>		



17/205	<b>ASSURANCES FROM SUB COMMITTEES</b>		
11 mins	<p><b>Audit and Assurance Committee (AAC)</b></p> <p>GW presented the report advising the majority of the last meeting of the AAC was taking up with checking on the progress of year end reporting. Indications are that the Trust should achieve a Head of Internal Audit Opinion of Significant Assurance. However, this is not yet confirmed as there are still a number of reports outstanding. The Committee approved the internal audit and counter fraud plans for 2019/2020.</p> <p>In relation to internal audit recommendations, whilst SFHFT is performing well compared to peers, performance has slipped recently from 90% in 2017/2018 to 77% in 2018/2019. Areas where recommendations were not implemented within the agreed timescales were asked to report on progress to the AAC. Additionally, if areas haven't made sufficient progress they will be asked to report back to AAC.</p> <p><b>Finance Committee</b></p> <p>NG presented the report, advising the position at year end was as expected and acknowledging the work of the team.</p> <p>There are currently issues with the PFI sub contractors as Skanska and Medirest are underperforming. This is now subject to further negotiation on a settlement agreement.</p> <p>In relation to Model Hospital's comparisons for estates and facilities division, the cost per weighted average unit is well ahead of the peer median measure. This requires some further work to understand what is driving this difference. The Head of Estates and Facilities is due to report back to the Finance Committee in July 2019.</p> <p>Medical pay was 12% above plan, despite delivering FRP of nearly £1m. The majority of this relates to surgery and demonstrates the financial impact of covering for sickness absence within that division.</p> <p>The Committee discussed having additional meetings, if necessary, to look at divisional progress. Previously, the Committee has asked divisions to present improvement plans on a rotational basis but this process will now be conducted by the finance team and assurance will be provided to the Committee as part of the monthly reporting cycle.</p> <p>The Committee considered the issues in relation to a system control total. There are benefits to this approach as transformation money will be received if partners within the ICS sign up to control totals. NG sought clarification if NUH had now signed up to a control total as this was not the position at the time of writing the report.</p> <p>RM confirmed NUH have now signed up and there is a system control total across the ICS which is awarded transformational money. It has been agreed this money will sit with the ICP and be divided based on population. While it is good news that the Trust will receive transformation money, there is a need to recognise this brings a risk</p>		

into the full delivery of PSF as a proportion of it is linked into system control totals. Following discussion at Finance Committee it was felt the positives of a system control total outweigh the negatives.

NG advised NHIS are on track and performed in line with plan. Reference costs are on target to be submitted in July 2019.

**People, OD and Culture Committee**

MG presented the report, advising the piece of work in relation to the Trust's desired culture is ongoing work alongside the strategy. This will start to inform what assurance is sought by the Committee.

The Committee discussed BAF PR3 and felt the tolerable risk needs to increase. The environment is continually changing in terms of new demands and there is a need to recognise some of the newer drivers on demand.

The Committee looked at two deep dives, one of which was sickness absence which has already been discussed.

The second deep dive looked at the free text comments made in the staff survey. There were 63 positive comments, 85 mixed comments and 230 negative comments. There were just over 400 comments this year compared to over 1,000 comments in last year's survey.

The key concerns raised were workload, work pressure, staffing levels, variability of management, favouritism, feeling undervalued, bullying, rudeness and lack of management support. The Committee discussed the recurring themes and felt there is a need to look at some of the variation in terms of quality of management and leadership and understanding the issues in relation to favouritism and cliques. This is relevant to the whole aspect of diversity and inclusion. There is a planned audit on recruitment decisions which will look at this further.

In addition to culture and OD, the Committee will be looking more generally at the system and keeping the system in mind in terms of impact, etc.

CW felt it is useful to have a longer term perspective in relation to addressing issues and having focus.

**Charitable Funds Committee**

SH presented the report and advised the Committee discussed the actions from the recent trustee trainee session. An update on appeals was received and it was noted the Gamma Scanner appeal has reached £310k.

PR advised the Committee started to focus on the areas which need strengthening following the Board of Directors workshop, for example, constitutional changes.

The Board of Directors were ASSURED by the reports

<b>17/206</b>	<b>NHSI SELF CERTIFICATION</b>		
1 min	<p>SH presented the report and advised this is an annual self-certification. This has previously been discussed by the executive team. There is no longer a requirement to submit the declaration to NHSI but it does need to be published on the Trust's website.</p> <p>The Board of Directors APPROVED the declarations required by General Condition 6 and Continuity of Service Condition 7 of the NHS provider licence.</p> <p>The Board of Directors APPROVED the FT4 declaration</p>		
<b>17/207</b>	<b>OUTSTANDING SERVICE</b>		
0 min	This item was deferred due to technical issues.		
<b>17/208</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
1 min	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation</p> <ul style="list-style-type: none"> <li>• Reflect on end of year report</li> <li>• Thank staff for their work</li> <li>• Patient story</li> <li>• Learning form deaths report</li> <li>• 7 day hospital services report</li> <li>• Risks on BAF</li> </ul>		
<b>17/209</b>	<b>ANY OTHER BUSINESS</b>		
1 mins	No other business was raised.		
<b>17/210</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
1 mins	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 6<sup>th</sup> June 2019, 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>		
<b>17/211</b>	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald</p> <p><b>Chair</b> <span style="float: right;"><b>Date</b></span></p>		

17/212	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
4 mins	<p>Philip Marsh, Public Governor, advised he was impressed by the weight of business dealt with during the course of the meeting. He noted the increasing demand on A&amp;E and queried if work is being undertaken to understand from the local communities where the additional demand is coming from.</p> <p>RM advised that work is being undertaken but more needs to be done to understand what is happening and to put plans in place. There was a long discussion about emergency care provision at a recent meeting with partner organisations across Nottingham and Nottinghamshire. Historically ways have been sought to prevent patients attending ED. However, evidence suggests this isn't effective. There may be a need to accept patients will attend ED and Urgent Treatment Centres and in order to respond to that there is a need to wrap care around those patients more effectively. For example, increasing primary care provision on site, increased pharmacy support, etc. so that patients can be triaged and directed to the appropriate service.</p> <p>JM advised this is a complex issue which needs to be understood and planned for.</p>		