Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 9th January 2020 in the Boardroom, Newark Hospital

Present:	John MacDonald	Chairman	JM
	Graham Ward	Non-Executive Director	GW
	Neal Gossage	Non-Executive Director	NG
	Barbara Brady	Non-Executive Director	BB
	Manjeet Gill	Non-Executive Director	MG
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer & Deputy Chief Executive	PR
	David Selwyn	Medical Director	DS
	Simon Barton	Chief Operating Officer	SB
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Julie Hogg	Chief Nurse	JH
	Emma Challans	Director of Culture and Improvement	EC
In Attendance:	Sue Bradshaw	Minutes	
	Robin Smith	Acting Head of Communications	RSm
	Rob Simcox	Deputy Director of HR	RSi
	Phil Buckley	Research Practitioner	PB
	Amy Ashton	Therapy Team Lead	AA
	Fran Platts	Therapy Operational Manager	FP
	Sue Henderson	Patient's daughter	SuH
Observer:	Melanie Edgar	Patient Pathway Co-ordinator	
	Ian Holden	Public Governor	
	Ruw Abeyratne	Chief Registrar	
Apologies:	Tim Reddish	Non-Executive Director	TR
	Claire Ward	Non-Executive Director	CW
	Clare Teeney	Director of People	CT

Item No.	Item	Action	Date
17/449	**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. JM welcomed JH, EC and DS to their first Board of Directors meeting in their new roles.		
17/450	**DECLARATIONS OF INTEREST**		
1 min	JM declared his position as Independent Chair for the Derbyshire Sustainability and Transformation Partnership. RM declared his position as Executive Lead of the Mid Nottinghamshire Integrated Care Partnership (ICP), executive member of the Nottingham and Nottinghamshire Integrated Care System (ICS), Chair of the East Midlands Leadership Academy, Chair of the East Midlands Clinical Research Network and Chair of the East Midlands Cancer Alliance. GW declared his position as Non - Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.		
17/451	**APOLOGIES FOR ABSENCE**		
1 min	Apologies were received from Tim Reddish - Non-Executive Director, Claire Ward – Non-Executive Director and Clare Teeney - Director of People It was noted that Rob Simcox - Deputy Director of HR, was attending the meeting in place of Clare Teeney.		
17/452	**MINUTES OF THE PREVIOUS MEETING**		
1 min	Following a review of the minutes of the Board of Directors in Public held on 5th December 2019, the Board of Directors APPROVED the minutes as a true and accurate record.		
17/453	**MATTERS ARISING/ACTION LOG**		
min	The Board of Directors AGREED that actions 17/363.1, 17/425.2, 17/430.1, 17/430.2, 17/430.5, 17/430.6 and 17/431 were complete and could be removed from the action tracker.		
17/454	**CHAIR'S REPORT**		
2 mins	JM presented the report, acknowledging the Trust is currently very busy and staff are working very hard; this situation is reflected across the NHS. Comparatively the Trust is performing well, although the pressures continue to grow. JM thanked staff for their continued hard work.		

	JM highlighted a doctor who works for the Trust has joined a national project team to make maternity services in England safer. This is a major initiative and it is unusual for a trust the size of SFHFT to be able to make a contribution to such a project. JM advised the Gamma Scanner Appeal has reached £470k and is nearing the appeal target. The Board of Directors were ASSURED by the report.		
17/455	**CHIEF EXECUTIVE'S REPORT**		
14 mins	RM presented the report, taking the opportunity to formally welcome JH, EC and DS to their new roles within the organisation. The CQC core services assessment is expected to take place within the coming weeks. The visit will be unannounced, with a call being received at 8am on the first morning in the organisation. On the first day the CQC will inform the Trust of the site or sites they will be visiting and core services they will be assessing. RM invited DS and JH to comment as to whether they were assured in relation to the Trust's ability to provide safe and timely care. DS acknowledged 22 patients waited over 12 hours in ED for a bed to be available after the decision to admit was made on 6th January 2020. This is not the standard of care the Trust aspires to provide. Studies show overcrowding in ED is associated with harm, increased mortality, increased length of stay, reduced quality of care and reduced patient experience. In addition there are staffing implications in terms of burn out, difficulty recruiting, etc. This is something the Trust needs to be mindful of. The overcrowding within the Trust relates to flow through the organisation. Patients who have long waits in ED are provided with appropriate nursing care and beds if it is known there will be a long wait. Patients are monitored appropriately, medication is dispensed in line with treatment requirements and food and drinks are provided. However, it is acknowledged they have a poor patient experience and relatives have a poor experience. Patients waiting in ED are reviewed to establish if admission remains appropriate. SFHFT aims to admit patients ASAP. Any harm events are tracked and this is looked at through the Patient Safety Quality Group (PSQG). At the last meeting of the PSQG there was an in depth discussion regarding a previous incident of 12 hour breaches. No patient harm has been detected and patients are as safe as the Trust can make them. The learning from this Winter may identify actions which can be taken to make patients safer. JH advised the nursing team in ED are ensuring patients' needs are met, offering support as necessary. There is no evidence of care needs which were not met in ED on 6th January 2020. JH advised she is happy with the staffing ratios and the way nurse staffing is flexed as necessary. The team are under significant pressure but they are well rehearsed in stepping up measures as necessary.		

	DS advised there is a need to consider the impact of patients who are not yet in hospital, i.e. the Trust's ability to release ambulances to answer 999 calls as it is not known what those calls are. There is potential harm to those patients. NG queried if patients waiting in ED for a bed are as safe as if they were on a ward. DS advised the care provided in ED is as good as it can be but it is not as good as can be provided on a ward. This is why patients should be moved to a ward in as timely a way as possible. JH advised the number of patients who wait over 12 hours at SFHFT is quite small in comparison to other trusts. BB queried if given the focus on patients waiting over 12 hours, are the bigger cohort for whom there might be an impact (i.e. patients not yet at hospital) being missed. Is it possible to look at the implications for those patients? BB also queried if ways of tackling potential staff burnout were being considered. DS advised the Trust undertakes a retrospective look at all 12 hour breaches and tracks them. The length of stay for patients who waited over 12 hours is not currently being tracked and compared, but this will start to be looked at. It is harder to understand the impact on patients who come to hospital, get 'fed up' with waiting and leave, only to return in a worse state of health than they were initially. SB advised harm is tracked throughout a patient's stay at SFHFT, not just while they are in ED. GW queried if East Midlands Ambulance Service (EMAS) have data in relation to delays in reaching 999 patients and could this be used to identify potential harm. SB advised throughout all the current pressures, the Trust's ambulance turnaround times have been the second best in the region. The Trust is turning ambulances around quickly and is not creating risk for EMAS. JM noted patients are at increasing risk if they are waiting but this, as far as we can tell from the reviews, not materialised into harm. However, the Trust is looking at developing analysis, potentially into the system, to identify any 'knock on' effects. There is a recognition patient experience is not as good as it would be if they were on a ward. JM queried if soft FM services could be used to support the department at critical times to support nursing staff in ensuring patients are fed and hydrated. JH advised this is not the issue, the issue relates to space around the bed, privacy, etc. JM advised there is a need to provide ongoing support for staff at busy times and to help them recover. RM expressed thanks to SB for his work and also acknowledged how quickly JH and DS have integrated into this important pathway. Emergency care remains a big risk for the NHS and the Trust. RM advised the high level results from the staff survey are now available and these are pleasing. EC will be leading on this work. EC advised overall the initial report from the staff survey appears positive. The response rate improved by 4%, which equates to approximately 400 more colleagues than last year responding to the survey. This demonstrates engagement and opportunities given to colleagues.		

	In areas where the Trust is averaging as good and higher compared to other organisations, SFHFT has sustained that position. The Trust has sustained or improved areas which are good. The areas for improvement reflect the demand on services and pressure to meet that demand. It is important to support staff through challenging times. It is anticipated the final report with the full detail and comments will be received at the end of January or beginning of February 2020. Once received there will be an in depth look at the results which will be reported to the Board of Directors. When compared to other acute trusts who used Picker for their staff survey, on an average score for positive SFHFT has moved from 11th in 2018 to 4th in 2019. RM advised organisations which engage effectively with staff, will be viewed by the CQC as well led and organisations which are viewed from a CQC perspective as well led, will do well in their overall CQC assessment. RM acknowledged there has been a lot of change in the organisation over the last 12 months. There are 89 acute organisations and SFHFT is only 1 of 8 which, over the three previous years, has seen a year on year improvement. This is now the fourth consecutive year of improvement. When the detailed report is received, it will provide an opportunity to build on things the Trust is doing well but also to make improvements in areas where the Trust is not doing as well. The Board of Directors were ASSURED by the report.		
17/456	**STRATEGIC PRIORITY 4 – TO CONTINUOUSLY LEARN AND IMPROVE**		
10 mins	**Research Strategy – quarterly update** PB presented the report, advising 1,327 participants were recruited in Q3. This is slightly behind target due to the fact there are not many high recruiting studies currently in operation, but there is a need to ensure studies are the best ones for patients. Therefore, studies are being chosen appropriately. There are 74 studies currently open and the Trust is actively recruiting to 62 studies. 75% of commercial and 75% of non-commercial studies are recruiting to 100% time and target. The indicative budget for 2020/2021 is £694k, which is a decrease of 2.4% from 2019/2020. The final budget will be confirmed late March or early April 2020. SFHFT has been a pilot site for the National Institute for Health Research (NIHR) Participant Research Experience survey. There were 239 responses in 2019/2020. 85% of participants surveyed strongly agree or agree they had a good experience of taking part in research at SFHFT. The Trust will be introducing the NIHR patient advocate scheme in 2020 which encourages patients to engage more widely with the organisation and to spread the word about the importance of research to other patients, families, etc. The aim is to involve those participants in recruitment where appropriate. The outcome from the second stage joint bid with Nottingham University Hospital (NUH) and Nottinghamshire Healthcare for the NIHR Patient Recruitment Centre is due to be communicated on 20th January 2020.		

	A new Director of Research and Innovation, Elizabeth Gemmill, has been appointed and has been in post since 19th December 2019. The team is in the process of consulting on and developing the new Research and Innovation three year strategy. BB noted 85% of patients reported a good experience of taking part in research and queried what information is known in relation to the 15% whose reported experience was less than good and what is being done to address this and identify any common themes with overall patient experience. PB advised he did not have this information to hand but would ask Alison Steel - Head of Research and Innovation to provide a response. NG noted there are 74 active studies and there is a budget of circa £738k, equating to approximately £10k per study. NG queried if this is normal for the number of studies in the department at any given time. PB advised unfortunately he did not have the information to hand but again would ask Alison to provide a response. **Action** • **Responses to the following queries to be provided by Alison Steel - Head of Research and Innovation** ○ **What information is known in relation to the 15% of patients whose reported experience was less than good and what is being done to address this and identify any common themes with overall patient experience** ○ **There are 74 active studies and there is a budget of circa £738k, equating to approximately £10k per study. NG queried if this is normal for the number of studies in the department at any given time.** MG asked PB what he is most proud of in relation to research. PB advised this is the impact research has on patients and the feedback received. The team build a bond and relationship with patients, especially when a patient is involved in a trial for a long period of time. DS advised going into 2020/2021, there is a need to think about how the Trust can support innovation and development. There is a need to improve the messaging in terms of SFHFT's research aspirations and add information to the Trust's website highlighting the Trust is research active. RSm requested he be informed of any patient stories which can be used in the media. JH advised there are a lot of medically led studies, supported by nurses. It is hoped to set up some nursing, midwifery and AHP studies. JM felt there is a need for the Trust to consider how to strengthen the relationship with NUH and Nottingham Trent University. The Board of Directors were ASSURED by the report.	**DS**	**06/02/20**

17/457	**PATIENT STORY – FLO'S STORY**		
18 mins	AA, FP and SuH presented the patient story, which related to the work of the Hydrotherapy Team. JM noted the patient had six hydrotherapy sessions, noting this is the GP package. JM queried if a patient is getting benefit from the sessions, are they able to access the pool to continue the sessions. FP advised another course of six weeks can be offered if appropriate, but with a break in-between. In addition, the team looks at what other pools are available in the area which may meet a patient's needs. AA advised if there is a cancellation, the team will try to contact people who are really interested to come in as a one off session. DS queried if the Trust, given it is viewed as a regional expert in hydrotherapy, has been involved in the development of the National Rehabilitation Centre business case at Stamford Hall, linked to the National Centre for Defence Rehabilitation's move from Hedley Court. FP confirmed SFHFT are involved with the development of the business case.		
17/458	**SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT**		
68 mins	RM introduced the report, advising performance in relation to organisational health remains strong. There has been a focus on HR metrics but going forward EC will be looking at organisational effectiveness and development to compliment the work of the HR team. RM advised he remains pleased about the quality of care the Trust is providing to patents. Harm events continue to reduce, despite the increasing levels of activity. While SFHFT is performing better than a lot of organisations in terms of the emergency care pathway, the Trust is not in the position it would like to be. At the Trust Management Team (TMT) meeting on 8th January 2020, it was acknowledged there are areas in ED which can be improved on, particularly in terms of variability from one clinician to another. RM advised he remains confident SFHFT will deliver the control total for 2019/2020 but this will be more of concern going forward. From an NHSI perspective, their focus regarding financial control is increasingly at a system level. The Board Assurance Framework (BAF) risks remain static. The Trust should feel proud of the quality of care it is currently providing. There is a need to maintain what is currently being done for patients and also maintain the way in which colleagues are treated. JM noted the risk had been removed from the BAF in relation to a no deal EU exit. JM felt while the likelihood had decreased, it is not yet known what the deal will be. RM advised the risk has decreased and will remain on the risk register.		

	ORGANISATIONAL HEALTH RSi advised sickness absence has slightly increased, with the majority of absences (over 60%) being short term. Some of the underlying reasons for absences are stress/anxiety, musculoskeletal (MSK) health and gastrointestinal problems. There is a need to recognise the challenge of flu, not only on the workforce but on the organisation. SFHFT has performed second best in the Midlands and East in terms of vaccination rates, with 85% of front line staff having been vaccinated. The Trust has been proactive in relation to this. The Health Hero initiative was launched as part of Winter wellness week. Two training days have taken place, which were attended by a total of 32 staff from a full spectrum of staff groups across the organisation. The Trust want to develop this further. The new counselling service will take effect in February 2020. It is anticipated people will be seen within 2-3 weeks of referral. Health and wellbeing walkarounds are planned for January to make staff aware of what services are available to them. There has been an increase in MSK related absence. The support being put in place for individuals in relation to this was discussed at the last meeting of the People, OD and Culture Committee. Steps are being taken to try to change the frequency of duties for staff who are in repetitive roles and making them aware of services they can access through the occupational health service. Turnover remains low and below target. In terms of feedback from exit interviews, there has been a slight reduction in people recommending the Trust as a place to work but it should be noted there were only 12 responses. Main reasons cited for leaving the Trust were sufficient resources to do their job or insufficient career opportunities. There has been a slight reduction in the dependence on temporary staffing but it is predicted this will increase. Positive steps are being taken to actively recruit to gaps. GW noted feedback from exit interviews indicates 75% would recommend the Trust as place to receive treatment, this being a reduction from 100%. GW queried if this raises any particular concerns. RSi advised sometimes people feel they do not have enough time in their working day to provide safe, effective care. This point will be taken forward through the People, OD and Culture Committee to look at exit interview information over a longer period of time to identify themes from a broader range of data. JM noted it is a big swing in one month but it is important to look at the data over a longer period of time and drill down into the information. Quarterly data will be more meaningful than month on month information. RM felt there is a need to ensure information obtained through exit interviews is as valid as it can be. MG noted MSK and stress/anxiety are the main reasons for sickness absence and there are a range of initiatives under wellbeing to address these issues but there are waiting times for both counselling and in-house physiotherapy.		

	RSi advised resources need to be used wisely and appropriately. The occupational health service ensures people are seen in a timely manner and prioritise and re-prioritise on a daily basis. Staff wellbeing is important in the Trust and there is a need to continually look at resources and make sure they are targeted appropriately. NG noted one of the main reasons for people leaving the Trust was cited as a lack of opportunity for advancement and queried if more could be done to offer advancement opportunities and retain staff. RSi advised this relates to role design and job opportunities. The Trust has embraced a talent approach through the appraisal mechanism. It may be a case of timing, with jobs not being available within this organisation, but available elsewhere, when a person is ready to move on. Generally turnover is positive but there is a need to ensure the Trust does not 'over promise and under deliver' in terms of expectations for career development. RM advised turnover is relatively low and it is not necessarily a 'bad' thing for people to leave the organisation. Sometimes it is better for people to leave the organisation to gain experience elsewhere and possibly return in the future. JH advised at a recent meeting of senior midwives it was identified 14 midwives are working in a higher band than they were this time last year. This equates to approximately 10% of midwives within the Trust. EC advised she is eager for the organisation to start to gain clarity and provide feedback and assurance regarding actions being taken to ensure the Trust is as effective as it can be. The current SOF contains statistics from an HR perspective but there is little information regarding assurance in relation to effectiveness. Going forward this will be shaped through the People, OD and Culture Committee. JM advised as metrics are developed, it will be useful to establish the views of people outside the organisation regarding how effective the Trust is. **QUALITY** JH advised performance in relation to dementia screening has been falling since the Nervecentre module was introduced. The majority of patients who need this assessment are either in ED or EAU, which currently do not have Nervecentre. Therefore, the assessment is being completed on paper. Assurance has been provided by the safeguarding team that assessments are taking place and that patients who need onward referral are getting that referral. The issue is the assessment is not being transcribed onto Nervecentre when the patient goes to a ward. It would be viewed as duplication if ward staff were asked to complete the assessment. Until September 2019 there was resource in place to complete the transcription. This resource could be reinstated but there has been no success in getting resource from the bank. Alternatively, regular audits could be carried out in ED and EAU to provide assurance patients are being assessed and accept this will not reach target until April when Nervecentre is introduced. JM advised there are two points to consider, namely how the Board of Directors receives assurance and how much information is reported externally.		

	JH advised information is reported up, but it is no longer a Commissioning for Quality and Innovation (CQUIN) target. The Trust has tried to establish what is done with the data submitted. There is assurance the assessments are taking place and evidence can be provided if challenged. DS advised snapshot audits will be undertaken and information reviewed through the PSQG to ensure assessments are being done. This will be an interim measure between now and April 2020. Performance will improve in April 2020 but it is likely to take two months to fully bed in. The Board of Directors AGREED as an interim measure, the Quality Committee will receive assurance through the audit process that assessments are being completed and report back to the Board of Directors as necessary. JH advised there has been a dip in performance in relation to the maternity Friends and Family Test (FFT). New issues have been identified in relation to nutrition, hydration and food quality. This is currently being investigated by the team. The completion rate has also dropped. When the number of returns reduces, it does affect the overall FFT and there is a need to be mindful of this. The team are focused on increasing the response rates. RM asked JH, DS and EC if there has been anything which has surprised them or given cause from concern during their initial month with the Trust. JH advised there are no causes for concern but some things have been found which were not expected as they were not in the handover. There are things to work on. DS advised ensuring robust safe staffing for wards, ED and Newark are ongoing issues but the Trust is better sighted to the issues. EC advised there is nothing which is seen as a significant risk. She has been reassured about some of the feelings and perceptions she had about the Trust, having seen and heard some of those around engagement and feedback from people. JM felt it would be useful to have a further discussion with JH, DS and EC when they have been in post for 3 months and for them also to report to the governors about their initial views. New people in an organisation will see things differently or see things others take for granted. EC felt some form of follow up should be undertaken with all new starters to the Trust to establish if what they were told at induction is their experience after 3-6 months. **OPERATIONAL** SB advised the ED 4 hour wait standard was 88.3% for November, which is 5.2% below the NHSI trajectory. However, SFHFT was still ranked 7th of 117 trusts in the NHS, demonstrating the pressure across the NHS. 17 patients waited over 12 hours in November and this has been through the Trust's quality governance process.		

	6,000 more patients have been treated on the emergency pathway this year compared to last year. More patients have been treated within 4 hours than previous years, but given the overall increase, there has been deterioration in percentage terms. Newark Hospital's performance remains strong. Actions taken to address performance issues include a business case for additional nurse staffing in ED. This has been approved and all additional nurses are now in place, equating to four additional nurses on each shift. The Trust continues to achieve 30% of patients treated via same day emergency care and the Trust remains ahead of the stretch target in relation to patients in hospital over 21 days. Length of stay remains positive. The Winter plan is fully rolled out, providing 84 additional beds on the medical pathway. The surgical division are operating without 1.5 of their wards, as they have been switched to medical wards, but they are still providing superb access to care. Elective orthopaedic work is not being undertaken but elective general surgery is still being carried out. Demand has been higher than expected, but not excessively so. However, the acuity of patients has been far higher than expected and flu has come very early. At some points during December, two thirds of the bed base was occupied by patients at the higher end of the acuity scoring system. This created a lot of pressure in addition to the volume of patients. The escalation policy has been strengthened and Dale Travis has been appointed as Head of Operations for the Winter period. An urgent piece of work has been undertaken in relation to medical ED demand, capacity and medical staffing. NG noted the volume of patients admitted is 23% higher in November 2019 compared to 2018 and sought clarification regarding the actions being taken regarding this. SB advised the Trust tries to ensure every patient who is admitted is getting a consultant review, but when there is an overcrowded department it can be difficult for consultants to do that. The Trust is working with partners for them to put on as much capacity as possible to ensure patients can be discharged. The Trust is not in a position to safely open up any more capacity. Actions are being taken on a day to day basis to try to mitigate the risk. There is a plan, which has been implemented. There is a need to work with the plan and iterate it as well as possible. JM queried if SFHFT is receiving requests for diverts from other local Trusts and is SFHFT requesting to divert elsewhere. SB advised there have been some requests but the Trust has been unable to help with most of those requests. SB advised he met with the Chief Operating Officer from NUH between Christmas and New Year and it was agreed diverts do not help and make little difference to either party. There is a need to be cognisant there may be times when both EDs are in a difficult safety situation and may need to help each other. RM queried if aside from planned diverts, are there any occasions when EMAS, for various reasons, elect to move patients across the border.		

	SB advised there has been a growth in patients from North Nottingham and Derbyshire coming to SFHFT, not just in Winter but more generally. However, the numbers are small; for example, Nottingham has increased from 10 per month to 17 per month. The majority of ambulance demand is Mansfield, Ashfield and Newark. The Trust is maintaining ambulance turnaround times. During week commencing 30th December 2019, there were 900 ambulance arrivals. The ED team are focussed on safety in their department and safety in the community. DS advised EMAS received funding to increase the number of ambulances. This may have an impact on ambulance arrivals. SB advised EMAS have appointed a non-conveyance Project Manager. They recognise there is a problem in this area, which they are taking seriously and want to reduce the number of conveyances. However, they are also getting an increase in calls. BB requested an update regarding actions identified through the Drivers of Demand work. SB advised a number of programmes of work were identified which are trying to address the Drivers of Demand, the EMAS work being one. The programmes are focussed on where a patient contacts a healthcare provider as there is less influence on walk-in patients. However, the Trust can stream more patients into PC24 where they have a primary care illness but have chosen to attend ED. Work is underway to look at widening the criteria of work PC24 can accept. Primary care are increasing the number of evening appointments, but this tends to drive more demand than less. However, it is a positive move as that demand was previously not being met. Another work programme relates to community and primary care's use of multi-disciplinary teams (MDTs). There used to be MDTs which were well supported with specialist nurses and were able to manage patients with long term conditions outside the hospital. There is a need to return to that position. However, the level of acuity being seen is so high, it is unlikely all patients could not be managed in primary care. BB advised she is interested in the interface between primary care and the community. Within primary care the assumption is access to GP appointments, extended opening hours, etc. is the solution. However, the evidence does not back this up. RM advised he will take these issues back to the ICP. GW queried if the Ambulatory Emergency Care Unit (AECU) is effective and are there any opportunities to make it more effective. SB advised it is very effective but is slightly constrained by estates issues. More patients could be streamed to that service if the estate was reconfigured. This will be looked at in the coming year. JM acknowledged the pressures and the work which has been done, thanking staff for their work. The Board of Directors has looked closely at safety and assurances in relation to that and this needs to be a continued piece of work. The Board of Directors want assurance regarding the follow through on the Drivers of Demand work and that this is being picked up by the system. Part of that process will involve looking at scenarios, identifying the risk appetite on the emergency pathway and what that means for the Trust's preferred strategy.		

	Action • **Risk appetite in relation to emergency pathway, scenario planning and lessons learned from Winter to be subject for Board workshop** SB advised there has been no delay to cancer patients caused by the recent pressures. Performance is below the national standard, but is above the revised trajectory. This situation is expected to continue. It was noted the Board of Directors had previously requested third party assurance in relation to cancer performance. NHSI's Intensive Support Team (IST) are due to undertake this work through January, with a report expected to be ready to present to the Board of Directors in March 2020. An action plan is in place across the system and actions are being completed. The expectation is the benefit of this will be seen in the new financial year. The backlog is reducing, which is positive. The main strategy is in relation to optimising the outpatient waits and trying to reduce those. Imaging plays a key role in the cancer pathway. The radiology strategy was presented to the TMT recently. While it is positive to see how things might move forward, it will not be quick. An MRI scanner is in the capital programme for 2020/2021, but this needs to go through the prioritisation programme. There is a need to strengthen the work with NUH and reduce the organisational boundaries on that pathway. The Trust achieved the diagnostics standard for elective care. Referral to Treatment (RTT) remains stable and there are no patients waiting over 52 weeks. Cardiology and ophthalmology remain the two specialities at risk. Some improvement in RTT is expected in Q4 and moving into Q1 of 2020/2021. In four of the past five months more clocks have been stopped than started, which is a good indicator the waiting list is reducing. JM felt it is clear where the issues are and within which specialities. There is a need to be clear about what is being done to the address issues in those areas. JM requested future reports focus on two or three specialities to track the actions being taken. **Action** • **Future SOF reports to have greater focus on specialities affecting overall performance** BB noted at a Board of Directors workshop implementing statistical process charts (SPCs) had been discussed. BB queried the timescale for implementation. SB advised the SOF is going to be reviewed as the NHS Long Term Plan contains different metrics. There is also a clinical review of standards for the standards which SB leads on. It was suggested SPCs could be looked at as part of the general review of the SOF and discussed further at a Board of Directors workshop. The SOF needs to be ready for the beginning of the new financial year, with the first report being presented to the Board of Directors in June 2020.	**SB** **SB**	**30/04/20** **06/02/20**

	Action • **Review of SOF to be discussed at February Board of Directors Workshop** **FINANCE** PR advised the Trust's financial position deteriorated during November (Month 8) which has increased risks in relation to achieving the year end control total. Further non-recurrent actions are required to deliver this. At the end of Month 8, the Trust's YTD deficit is £31.9m before non-recurrent income sources, which is £3.3m adverse to plan and is £1m worse than forecast. The forecast trajectory assumed £2.3m adverse to plan at Month 8, with an improvement in Month 9. When non-recurrent income sources are taken into account, the deficit is £16.9m, which is £3.52m adverse to plan. The reason for the slight difference in adverse to plan figures is the Trust does not expect the system Provider Sustainability Funding (PSF) to be received as it is assumed that the ICS will fail to meet the Month 9 target. During Month 8, clinical activity continued at levels above plan, generating additional income. However, costs were greater than expected with pay costs being the highest seen all year and were £1m adverse to plan. Financial Improvement Plan (FIP) delivery at the end of Month 8 was £6.2m, which is £1.3m below plan with only £0.5m achieved during Month 8. More than 50% (£3.4m) of FIP is non-recurrent in nature. The forecast for year end is £1.2m short of plan. The Trust expects to deliver £11.6m, but only 45% of that is recurrent. This will have a knock on effect into the following year, with a possibility of £6.4m under delivery on a recurrent basis being transferred and carried forward. The Trust's underlying financial position is worse than forecast by £9.6m for year end. Areas of concern have been identified within the divisions, with medicine causing most concern on the accuracy of delivery of the forecast at Month 6. Medicine division have been invited to attend the Finance Committee meeting in January. Despite pay costs being £1m above plan, agency expenditure continues below the NHSI ceiling at £2.9m below the ceiling YTD. Capital is below plan by £0.9m and the expectation is delivery of the original plan and the additional capital which was applied for in respect of Mansfield Community Hospital will be achieved. Cash is above plan due to receipt of Q2's Financial Recovery Funding (FRF) income. If the Trust is not on plan at Month 9, Q3 FRF and PSF monies will not be paid, together with the advance payment of Q4 in relation to those two sources. This would mean the Trust would need to apply for £13m emergency loans through the Treasury which is not certain to be granted. If it was granted, this would bring an increased level of scrutiny. At Month 9, the Trust is also required to indicate to NHSI if achievement of the year end control total is being forecast. NG noted this is the second month of major deterioration. If the control total is achieved or not, the underlying position is of more concern.	**SB**	**27/02/20**

	JM noted there are two aspects, delivery of the FIP and is there a loss of control on costs as costs are exceeding income. The additional income would be expected to cover the costs of the additional activity. PR advised there was a detailed review of forecasts at Month 6 with divisions identifying actions to build into the Month 6 forecast. However, by Month 8 these were not delivering in the way which was expected. This was tested through the Divisional Performance Review meeting process in December. It is clear there was inaccurate forecasting and some lack of transparency or adequate explanations. This has led to the medicine division being asked to present a more detailed piece of work to the Finance Committee as they are an outlier. NG noted demand has increased. The challenge is to contain costs in relation to the marginal tariff received for the extra work. The Board of Directors CONSIDERED the report.		
17/459	**USE OF TRUST SEAL**		
1 mins	SH presented the report, advising the Trust Seal was affixed to a document on 10th December 2019. The Board of Directors APPROVED the Use of the Trust Seal		
17/460	**ASSURANCE FROM SUB COMMITTEES**		
6 mins	**Finance Committee** NG presented the report, highlighting the Committee discussed the Board Assurance Framework (BAF) risks The risks have increased in terms of financial sustainability with the recommendation of the Committee being to increase the risk on PR4 from 15 to 20, with the likelihood moving to 4 from 3. This will be reviewed again at the January meeting. The Committee had a presentation from the Head of Procurement on the Spend Comparison Service. There is a lot of data but it appears to be unreliable. The data is compiled by a third party. The Head of Procurement is going to work at national level to establish how better data can be obtained to provide a fair comparison. RM advised he was not present at the last meeting of the Finance Committee and welcomes further discussion in relation to the BAF risk rating in relation to financial sustainability. **People, OD and Culture Committee** MG presented the report, advising the Committee are looking at the key areas for sickness absence, which are MSK and stress and anxiety. The Committee are starting to receive more granular information regarding this. The Committee looked at the GMC Survey Overview. The Guardian of Safe Working for Nursing and AHPs report was presented, providing assurance in aspects which underpin the Trust's Workforce Strategy.		

	There is a need to start focussing on some of the OD and culture elements and look at developing metrics for assurance in relation to the Trust's desired culture. The Board of Directors were ASSURED by the reports		
17/461	**OUTSTANDING SERVICE**		
1 mins	This item was deferred due to technical issues.		
17/462	**COMMUNICATIONS TO WIDER ORGANISATION**		
2 min	The Board of Directors AGREED the following items would be distributed to the wider organisation: • Winter pressures • Financial position • Research and links to innovation, recruitment and retention and the culture and improvement forward view • Patient story		
17/463	**ANY OTHER BUSINESS**		
1 min	JM advised all trusts have been asked to sign up to a pledge to reduce plastic waste. A Non-Executive Director is required to link into this and MG has agreed to take on the role. The pledge concentrates on plastic straws, cutlery, etc. and leaves out other uses the Trust has for plastic. While this is important, it is likely this is not a substantial part of the plastic the Trust uses. RM advised Ben Widdowson - Head of Estates and Facilities will be working with the Trust's PFI contractors in relation to this. The Board of Directors APPROVED the signing of the pledge to reduce plastic waste within the Trust.		
17/464	**DATE AND TIME OF NEXT MEETING**		
	It was CONFIRMED that the next Board of Directors meeting in Public would be held on 6th February 2020 in the Boardroom, King's Mill Hospital at 09:00. There being no further business the Chair declared the meeting closed at 11:25.		
17/465	**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**		

17/466	**QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT**		
3 min	Ian Holden - Public Governor queried if the financial pressures and pressure on staff will have any impact on plans to develop services at Newark, particularly surgery. RM advised the Trust is working with external partners to maximise the services which can safely be provided at Newark. The Newark Strategy is being reviewed. The Trust wish to continue to strengthen the Newark offer. The plan is to move beyond just being a hospital, to working more closely with primary care and other public sector services. SB advised the Trust is committed to transferring surgery work to Newark in the Spring.		