Healthier Communities, Outstanding Care

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 5th March 2020 in the Boardroom, King's Mill Hospital

Present:	John MacDonald	Chairman	JM
	Tim Reddish	Non-Executive Director	TR
	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
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Julie Hogg	Chief Nurse	JH
	Clare Teeney	Director of People	CT
In Attendance:	Sue Bradshaw	Minutes	
	Robin Smith	Acting Head of Communications	RS
	Helen Hendley	Deputy Chief Operating Officer (Elective Care)	HH
	Janusz Jankowski	Guardian of Safe Working	JJ
	Penny Tindall	Lead Cancer Nurse	PT
	Wendy Larkin	Patient	WL
Observer:	Sue Holmes	Public Governor	
	Philip Marsh	Public Governor	
	Kevin Stewart	Public Governor	
	Ian Holden	Public Governor	
	Roz Norman	Staff Governor	
	Helen McCormack	Macmillan Cancer Project Lead	
	Ashlie Burgess	Macmillan Cancer Project Support Officer	
	Ryan Inumerable	HPB Clinical Nurse Specialist	
	Carrie-Anne Shorthose	Head and Neck Support Worker	
	Lauren Banks	Urology Cancer Support Worker	
	Jade Harrison	HPB/UCH Macmillan Support Worker	
	Andre Laverty	Dermatology Skin Cancer Support Worker	
Apologies:	Claire Ward	Non-Executive Director	CW
	Simon Barton	Chief Operating Officer	SB
	Emma Challans	Director of Culture and Improvement	EC

Item No.	Item	Action	Date
17/508	**WELCOME**		
1 min	The meeting being quorate, JM declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
17/509	**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. CT Declared her position as Director of Human Resources for Nottinghamshire Healthcare. GW declared his position as Non - Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.		
17/510	**APOLOGIES FOR ABSENCE**		
1 min	Apologies were received from Claire Ward - Non-Executive Director, Simon Barton - Chief Operating Officer and Emma Challans - Director of Culture and Improvement. It was noted that Helen Hendley - Deputy Chief Operating Officer (Elective Care), was attending the meeting in place of Simon Barton		
17/511	**MINUTES OF THE PREVIOUS MEETING**		
1 min	Following a review of the minutes of the Board of Directors in Public held on 6th February 2020, the Board of Directors APPROVED the minutes as a true and accurate record.		
17/512	**MATTERS ARISING/ACTION LOG**		
1 min	The Board of Directors AGREED that actions 17/360.2, 17/424, 17/458.3 and 17/489.2 were complete and could be removed from the action tracker. Action 17/489.3 – JM queried if the timescale for developing an improvement plan for achieving 85% 62 day cancer standard could be brought forward. HH advised this will be brought forward to the April Board of Directors meeting to link in with the report from NHSI Intensive Support Team's review.		

17/513	**CHAIR'S REPORT**		
5 mins	JM presented the report, formally thanking all staff involved with the recent CQC visit for their work. The draft report, for factual checking, is expected by the end of March 2020. The Streethealth Team presented to the ICS Board meeting recently and this was well received. TR noted while it was a small number of people who delivered Streethealth, it galvanised the whole organisation and it helped address some of the health inequalities. TR queried if there are other projects in the pipeline which are linked to the Trust's strategy. JM felt time needs to be found for the Board of Directors to consider the next steps. RM advised this can be discussed at the extended session for executives, non-executives and clinical chairs scheduled for 7th April 2020. MG queried if, as part of that work, assurance could be provided in relation to how population management is being analysed in terms of the nature of the population, health inequalities and how that reflects in patients. RM advised consideration will be given regarding how this can be achieved. The Board of Directors were ASSURED by the report.		
17/514	**CHIEF EXECUTIVE'S REPORT**		
29 mins	RM presented the report, highlighting the largely positive information from the national staff survey. There is evidence to suggest well supported colleagues will deliver safe care. SFHFT has had 4 years of continuous improvement in the staff survey results and is one of less than five trusts nationally who have delivered that. The Trust is in the top 9 for staff engagement and is the best in the Midlands. While this is positive, there is more which can be some to strengthen the culture within the organisation. Improvement in culture and staff engagement does not lend itself to an action plan, relating more to meaningful and honest conversations about what is and is not acceptable within the organisation. Nearing the end of the financial year, the focus is on delivering for this financial year and planning for 2020/2021. From an SFHFT perspective this is maintaining the delivery of safe care, improving process in relation to access standards and ensuring delivery of the financial agreements which have been made with partners and with regulators. There are a series of planning assumptions the organisation is being asked to put in place. The Single Oversight Framework (SOF) reporting will change slightly. There are core metrics the Trust needs to report on but additional metrics are being included to reflect some of the system working. This will be for reporting from April 2020 onwards, which will be presented to the Board of Directors from June 2020. 2019/2020 is Year 1 of the Trust's strategy, Healthier Communities, Outstanding Care. As this moves into Year 2, there will be some breakthrough objectives, focussing on the core business at SFHFT but positioning the Trust to be a driver of change across the health system.		

	The CQC assessment is complete. SFHFT wanted to achieve six things from the assessment, namely to give a good account of the organisation, provide the services which were not visited in 2018 with the opportunity to be visited, improve the Safe rating, improve the rating for Newark hospital, improve the Well Led rating and improve the overall rating. The draft report is expected by the end of March 2020. This will be assessed and it is anticipated the Trust will be in a position in mid-April to communicate the outcome internally and externally. RM thanked everyone involved with the recent Park Run takeover event. This is a good example of what can be achieved as an organisation linked to the objective of supporting health and wellbeing. In terms of the ICP, the breakthrough objectives for SFHFT for 2020/2021 have been agreed and a piece of work is underway to ensure they align with the system objectives. In terms of wider system working, increasingly finance and access standards are being monitored at system level. RM advised the Trust is currently occupying five 'places', namely the work being done within the Trust, the role of de facto lead provider in the ICP, the relationship with commissioners and Nottinghamshire Healthcare, the bilateral relationship with NUH and the work across the ICS. It was acknowledged this takes up a lot of time and there is a need to recognise the primary responsibility of the Trust is to provide the best quality of care possible to patients and to do that 'in the right way'. While there is a need to be an active participant and system leader, that way of working cannot detract from the Trust's core business. A series of discussions with experienced system leaders and chief executives who have been in this position are being organised to seek advice about how to maintain organisational focus whilst playing a meaningful system role. JM advised there is a need to look at governance within the system and what it means for the Trust as a statutory organisation. RM advised the session scheduled for 7th April 2020 will provide the opportunity to have a discussion in relation to this. System working represents a change in the way of working and a real opportunity to improve things for patients and residents. GW advised 360 Assurance have been requested to consider how they can work with SFHFT in terms of internal audit work which will help support the Trust in getting assurance across the system. **Winter Update** HH advised the Trust continues to see high levels of demand, both in elective and emergency pathways and is continuing to treat more patients than ever. The system remains under pressure and the focus is on providing good care for patients but also caring for staff, which is more important as Winter extends and with the added pressure of Coronavirus.		

Coronavirus Update

DS provided an update regarding the current position in relation to the Coronavirus outbreak, advising 16,500 patients have been tested in the UK and there are 87 reported cases. The NHS has declared a Level 4 incident. Globally, the mortality rate is predicted to be 1%, with some areas around the world being higher, and the mortality rate increases with age. There is some suggestion there are two strains, one of which is more virulent.

As of 4th March 2020, SFHFT had undertaken 28 tests, with one person self-isolating. There are over 5,000 masks available. The Trust has been concentrating on developing the structural process, as required by various NHS bodies. There was a national call on 4th March 2020 and the Trust is well advanced with the requests which are being made. An Incident Control Team has been established, which meets twice weekly; operational groups report in to that team. The key issues for staff are education, communication, vigilance and taking patients' travel history.

There are issues with procurement and it is becoming increasingly difficult to obtain supplies from centre but these will be released in a timely way. A cohort ward and escalation process has been developed, together with plans for intensive care and critical care. There are constant communications with local and national systems.

There are some risks which are just being discovered, for example, India is the biggest supplier of generic medication and there is a suggestion they will not be exporting those.

NG noted there is part of a ward which will be used as an isolation ward and queried how many beds will be on that ward and if the Trust will be able to create additional capacity to cope with patients who have to be admitted. DS advised nationally there are 10 hospitals which have specific infection control processes and patients are being cohorted nationally. The capacity of those centres is circa 100 patients. When that capacity is full, patients will be managed outside of the national centres. Any patients admitted to the Trust will be cohorted on a specific ward. There are a high number of side rooms within the Trust. Once the cohorted ward is full, a second ward will be opened. It is difficult to predict the next stage at the moment but this will be dealt with as and when it develops.

JM queried the capacity available on ITU and the high dependency unit and if this is able to be flexed. DS advised a plan was developed following the outbreak of swine flu, bird flu, etc. There will be a serial ramping up with initial cohorting of part of the critical unit being for Coronavirus cases, then all of it, then rolling out into theatre pods, using network beds, etc. The Trust has placed a significant order for additional critical care equipment and it is hoped this will be received before all supplies are controlled centrally. This will involve significant cost to the Trust but there is national funding available and the equipment would have been used in the future. Therefore, the procurement times are being brought forward. This will provide additional resilience to be able to open up more beds.

	JM felt if a lot of people are infected by Coronavirus there will be some difficult decisions to be taken about the balance of Coronavirus patients and patients who require some other type of care. DS advised there are well rehearsed plans about what happens in those situations. Various ethical and treatment decisions are currently subject to national discussion. MG queried what level of scenario planning has taken place. DS advised there is a stage by stage plan. If at some stage 80% of the population are affected and the workforce is decimated by 30-50%, the Trust will be in very difficult situation, but will not be alone in that. SFHFT will do the best it can to try to mitigate the extra activity. It is likely the elective workload will be changed and/or stopped but the Trust will be guided by national decisions. TR queried if staff are starting to feel anxious and what is being done to relieve anxiety. JH advised there is a lot of anxiety, partly due to people not fully understanding what is happening. Drop in sessions for staff are being organised and the infection control team are out on the wards. Matrons are visible in the clinical areas. There is a focus on education and training in the ward area. A workforce group has been set up which has been working with staff side and looking at how staff can be supported. Medirest staff, volunteers, etc. are included. DS advised nationally there is some surveillance testing of the wider community, targeting pockets of population. If it is identified there is a significant proportion of Coronavirus already circulating, all the modelling will change. RS advised in terms of communications with staff, the Trust is trying to get the balance right of informing staff while not panicking them. There is a central resource of information which is updated on a daily basis. In terms of external communications, this is being led from a national level. The Trust is using national materials and posters. SH advised information has been included in the Meet Your Governor packs for governors to pass onto patients who approach them. Information is also available in the volunteers signing in room. The Board of Directors were ASSURED by the report.		
17/515	**STRATEGIC PRIORITY 1 - TO PROVIDE OUTSTANDING CARE**		
5 mins	**Advancing Quality Programme (AQP) Progress Report** DS presented the report, advising there are 76 actions which remain outstanding. There are no new red actions but one action has moved from green to amber. There is one action which has moved from grey into amber as some work has been progressed. The Council of Governors has agreed the local indicator for the 2019/2020 Quality Account should be 'Inpatient mobility to reduce deconditioning and risk of falling'. A review of the AQP programme is being undertaken. There is an opportunity to re-focus the AQP programme to drive towards quality markers and triangulate with Patient Safety Quality Group (PSQG).		

	JM felt when the report is presented to Board, there is an opportunity to celebrate some successes, as well as flagging up any areas of particular concern. DS advised the aim is to move from something the Trust was told to do, to this is how SFHFT wants to develop the programme. TR felt it important to note the 76 actions are 'should dos' and not 'must dos'. The Board of Directors were ASSURED by the report.		
17/516	**STRATEGIC PRIORITY 3 - TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE**		
14 mins	**Guardian of Safe Working** JJ presented the report, advising there is good executive engagement and support for junior staff, who all feel they can come forward if they have any problems. At ground level, Ruwani Abeyratne – Chief Registrar, is engaging well with junior staff. There is a top down and bottom up approach. The number of exception reports is slowly increasing, at 5% higher than the same time last year, although it is felt there is still some under-reporting. One or two areas are taking the brunt of the heavy workload, particularly the Medicine Division. 50% of reports are coming from that division. The Trust is trying to educate junior doctors that it is not just length of time, but also severity which need to be considered in working out contracted hours. For example, if a colleague is off sick this should be reported as there is an increase in intensity of workload. There are pockets of things which could be improved. The juniors like working here and the Trust should be ambitious to recruit more. DS has met with various junior doctor forums to try to attract doctors. Other areas for improvement are training at night time, handovers in the morning and increasing training numbers. MG noted the Allocate software does not link to the eRota and queried what level of risk this presents and what actions are being taken to resolve the issue. JJ advised the Allocate issue is a Health Education England (HEE) wide issue and they are looking to get the software corrected in the East Midlands area. The risk is it potentially leads to slightly more under-reporting. There is also a specific problem with rest allocations of people who are non-resident versus resident and how this can be allocated. There is potential for people getting a rest period in name only. BB queried if there was anything the Board of Directors could do to help increase training numbers. JJ felt this could be for Board members to connect with their own networks and make direct representation to HEE as they ultimately decide where the training numbers go. DS felt there is a need for regular discussions with HEE and establishing some form of regular forum would be useful.		

	JJ advised training fellows are not replacements for training posts as they do not have the same guaranteed skills and sustainability. TR felt there is a need to establish and develop a marketing strategy and market what the Trust can offer. TR noted there are 50 exception reports and queried if these were from different individuals or one person 50 times. JJ advised it is about 40 individuals and some are duplicated, but not for the same thing. No examples of doctors putting in time when they were actually inefficient have been identified. All the exception reports are genuine. TR queried what the number one learning is which can be taken from this process. JJ advised doctors are working to a very high standard. There is still some under-reporting. When things go wrong, issues are picked up very quickly and the doctors appreciate that. In terms of attracting people, the Trust could make more links with senior universities. If the Trust funded one or two days academic practice per week, it would attract the top academics. DS advised the research lead is looking at making some links and a meeting has been arranged with the Vice-Chancellor of Nottingham Trent University. RS advised a piece of work is being started to look at the overall strategy in relation to recruitment. CT advised this is on the Agenda for the Board of Directors workshop at the end of April 2020. TR queried how this reporting is picked up and triangulated with divisions who may be on a quality improvement strategy. JJ advised the main issue is out of hours work. A team has been set up, which includes the Director of Medical Education, DS and JJ, to look at any 'pinch points' and to put in more resource and training. The Board of Directors were ASSURED by the report.		
17/517	**STRATEGIC PRIORITY 5 – TO ACHIEVE BETTER VALUE**		
10 mins	**Newark Strategy** RM presented the report, acknowledging the work of Thilan Bartholomeuz who is a local GP and Clinical Lead of the Mid Nottinghamshire ICP. Thilan has been attending the SFHFT Trust Management Team (TMT) meetings over the last 3 months. Newark Hospital is a thriving local hospital and, in many respects, it has never been busier. It can be evidenced patients with a Newark postcode who can receive their care at Newark Hospital, do receive their care at Newark Hospital rather than having to come to King's Mill Hospital, QMC or United Lincs, which was previously the case. Through the Trust strategy which was launched last year, it has been made clear SFHFT wants to change the role Newark Hospital can play. The proposals, as outlined in the report, signify further thinking about working in partnership with Primary Care Networks, local authorities and how the Newark site can be changed from being just an acute setting to being one of a health village and identifying services which are being provided at Newark Hospital which do not need to be provided there and moving those back into the community, thus freeing up space to bring in other services.		

	The next step is for further discussion at a Board of Directors workshop, with formal sign off in Q1 of 2020/2021. **Action** • **Newark strategy to be topic for Board of Directors workshop, prior to formal sign off in Q1 of 2020/2021** TR felt it important to have discussions as early as possible with other agencies, local authorities, etc. to help address some of the health inequalities. There is also a need to think about ways of linking into schools and education. GW felt the key is the implementation plan and it may be useful to hold a workshop involving potential partner organisations. MG felt if key partners are co-located, they are far more creative in making pathways work and queried if the mental health trust are engaged. BB felt it is not just the mental health trust, as there are a number of third sector providers. There is a need to ensure there is an holistic approach, not just about physical health. RM advised there is a series of partners SFHFT is working with and will work with to deliver the Newark strategy. Primary care, Nottinghamshire Healthcare, voluntary sector, etc. are core partners. This then moves out to engage with education services, transport links, etc. The Trust is looking for Thilan to explore delivering on the core nucleus and then expanding out to other services. Thilan's involvement as a local GP is a really good idea as it suggests a culture of willing to integrate and work with other partners. The YMCA in Newark have a fantastic building and the Trust is in discussion with them about relocating services which are provided at Newark Hospital into that building. JM noted the focus on partners and deciding which partners to engage with and at what stage. There is a need to include NUH and add a fifth principle related to financial sustainability. The Board of Directors were ASSURED by the report	**RM**	**21/05/20**
17/518 **22 mins**	**STAFF STORY – RECOVERY PROJECT** PT and WL presented the patient story, which related to the work of the Recovery Project, specifically the Cancer Information and Support Events. JM felt it was powerful story and reminded Board members not just to look at the technical and clinical. It acted as a reminder to the Board of Directors to think more widely. BB noted cancer patients get a package of support, but there are other patients who don't receive the same wraparound services. BB queried how the learning could be taken from this project and be applied to other patient groups. PT advised this issue had been discussed previously when the Look Good, Feel Better project was presented to the Board of Directors. The cancer information and support centre pod is located in the KTC and there is potential for that service to be developed into a wider hospital information and support service. There are other examples of health and wellbeing services in the organisation.		

	CT felt this model could be developed from a workforce perspective to generate a group to support staff within the organisation.		
17/519	**SINGLE OVERSIGHT FRAMEWORK MONTHLY PERFORMANCE REPORT**		
39 mins	RM introduced the report, advising the themes are similar to previous months. There will be a new SOF in place from June's Board of Directors meeting. There will be some changes to the metrics, in particular looking at organisational effectiveness and how culture and people run through performance. The three key BAF principle risks remain the same, namely demand overwhelming capacity, critical shortage of workforce capacity and capability and failure to maintain financial sustainability. Previously five factors which may impact on the Trust have been identified, a sixth factor has been added, namely Coronavirus. **ORGANISATIONAL HEALTH** CT advised sickness absence continues to be well managed and supported with no particular reasons or causes for concern around any increases. Turnover increased towards the end of 2019. This was partly due to known medical rotations and staff retiring at the end of the calendar year. There has been an increase in temporary staffing to cover for sickness absence and gaps in substantive staffing due to some of that turnover and in response to an increase in demand for services. In terms of support for staff health and wellbeing, the interventions discussed at previous Board of Directors meetings continue to be available to staff. The annual nursing establishment reviews are underway. GW felt it would be useful to see an estimate of what the cost of sickness is to the organisation. CT advised there is a methodology to enable this to be calculated and can be included in future reports. **Action** • **Information regarding the financial cost of sickness to the organisation to be included in future SOF reports** MG sought clarification regarding the implications for the Trust of the post-Brexit immigration policy on low skilled immigration and how the risk could be mitigated. CT advised this is on the agenda for discussion by the People, OD and Culture Committee. The Trust is part of a regional network group through NHS Employers looking at the consequences and implications of any Brexit strategy on the workforce. There are also implications for the wider health and care system. NG noted 1% of sickness absence is due to anxiety, stress or depression, which equates to 67 people who are not in the Trust at any one time.	**CT**	**02/04/20**

	CT advised there is a need for proactive interventions to support people back into work quickly or to look at what support can be put in place to try to alleviate people having to go off work completely. This is proactively managed. It is also important to acknowledge sometimes it is entirely appropriate for people not to be at work. There is a need to strike the balance and understand what is right for staff on an individual basis. JM queried to what extent the Trust is scanning the labour market, noting Amazon are opening a large facility locally and staff on lower salaries may or may not be looking at opportunities to work there. This would include Medirest staff. CT advised the Trust is looking forward through the Workforce Planning Group and discussions have started with Medirest. NG felt within the immigration policy there are exceptions for medical workers who earn less than £25k per annum. CT advised the picture is not clear in relation to lower paid members of staff. Potentially there are significant implications for lower paid members of staff who are not directly engaged in what would be considered medical or clinical care, including health and social care and associated facilities type work. The Trust is trying to ensure, through NHS Employers, equal attention is paid to that as well as the higher end skill market. **QUALITY** JH advised there was a Never Event in January 2020, relating to the extraction of a wrong tooth. The surgery took place at the end of 2019 but the error was not identified until follow up x-rays were taken in January 2020. The investigation into this incident is ongoing. In terms of the case finding question for dementia, there has been a small improvement in December and January. Progress is being made but it will not be back on track until NerveCentre is implemented. Performance in relation to the maternity Friends and Family test has dipped above and below the target over the past quarter. This is being monitored. **OPERATIONAL** HH advised the ED 4 hour wait standard was 89.7% for January, which is 0.3% below the NHSI agreed trajectory, ranking SFHFT 7th of 117 trusts in the NHS. There were 22 12 hour breaches on one day in January 2020. This was a particularly pressurised day. All of the patients affected have received an apology. There was a further 12 hour breach, which was a mental health patient. Ambulance handover times remain strong and SFHFT is ranked second across EMAS. The Trust has treated over 1,000 more patients within 4 hours than in the same period last year. Demand and acuity remain high. The Winter Plan has been fully rolled out with 89 more beds for medicine. However, there have been days when the Trust has been overwhelmed. The Trust is performing well on many of the efficiency indicators, for example, same day emergency care, and the 21 day length of stay is lower than the standard.		

	Actions which will be focussed on for the next 2 months are to strengthen the weekend position, ED medical demand and capacity planning for Coronavirus, capacity planning for next year and there will be a continued focus on same day emergency care and reducing length of stay. JM noted performance has been achieved to some extent by the use of ambulatory care and reducing length of stay and queried what further scope there is to continue to progress in those areas. HH advised extending the size of the footprint for ambulatory care to enable more patients to go through there is an opportunity which is being worked on into next year. In terms of reducing length of stay, the Trust continues to work with partners to ensure packages of care are ready in a timely way. RM advised when considering improvements in emergency care performance, there is a need to remember there are three component parts, namely the safe timely discharge of patients, internal efficiencies and safely reducing the number of ED attendances. The Trust is working with partners through the A&E Delivery Board. HH advised Referral to Treatment (RTT) performance for January was 86.3%, which was an improved position from December. There were no 52 week waiters and this has been the case for 11 months. The waiting list continues to reduce and the Trust is just under 4% off trajectory, compared to 14% in September 2019. Cardiology and ophthalmology have been the main areas of focus for the past 2-3 months, but ENT is an emerging issue. Cardiology have made good progress with locum cover secured and more substantive cover planned. They have put in some additional sessions for the diagnostic pathway. Two consultants have been recruited for ophthalmology, but one consultant has been off sick for an extended period of time. Some progress is starting to be seen and additional clinic rooms and equipment have been secured. In terms of cancer care, the standard was delivered in December at just over 85%. The NHS national position was 77%. The Trust is above the revised trajectory but demand remains high. There were 91 treatments in December 2019, compared to 65 in December 2018. A recovery action plan is in place which has had a positive impact and the volume of patients waiting over 62 days has reduced. A revised action plan is being developed as the original actions are now completed. There are three things to focus on, namely the wait for first appointment, time to diagnosis and process issues. Reducing the time to diagnosis is not a quick fix as there is a need for further scanning and endoscopy capacity. The Trust is bidding for additional national funding at every opportunity. However, if funding is secured, there will still be a lead in time. A trajectory for next year has been developed which will get performance to 85% in the year and remove some of the performance variability. The NHSI Intensive Support Team have completed their review and early feedback has been positive.		

	The Trust is performing well in relation to diagnostics, but there have been some pinch points. Cardiac CT is an issue. There has been a change in NICE guidance which meant demand has increased. There were some capacity issues in December, which led to carrying a backlog into January and which has continued into February. There is a plan in place to improve this and the aim is to upgrade the CT scanner at Newark Hospital to enable Cardiac CT scans to be undertaken there. NG noted the improvement in 62 day cancer performance but queried if this is a one off. HH advised December was a 'funny' month. More patients were treated than was expected and there were fewer breaches. This is partly due to patients choosing to wait until after the Christmas and New Year period but this means more breaches were expected. It is likely there will be a dip in performance in January. NG sought clarification regarding the timescales for additional MRI and endoscopy capacity to be in place. HH advised the MRI scanner is on the capital plan. A bid has been put in for some national capital monies which will become available in July 2020. There will be 3-4 months from approval of monies to the MRI scanner being in place. In terms of endoscopy, there is a business case in the business case round to get temporary endoscopy capacity, i.e. a portacabin approach. As 2 week wait patients are prioritised, it is the routine patients who have longer waits. Metrics showing the waits for diagnostics will be included in the SOF. TR noted that of the patients referred to the Trust, only 7% have a cancer diagnosis and queried if this is the normal ratio nationally. HH advised it is the same as NUH. Lung health checks will shortly be starting in the local community. It is likely referrals received will increase and potentially cases of cancer could rise. This is a 2 year programme. RM advised there is a recognition the metrics primary care use to measure cancer performance go against what the Trust is trying to achieve as a secondary care provider. For primary care, they need to refer patients, which is high volume, while one of the Trust's key metrics relates to seeing patients in a timely way. There is a need to work together to identify how both of those things can be delivered. MG queried if there is more which can be done at a strategic level to improve performance. HH advised the standard ask is MRI capacity. The Trust is working with GP partners to ensure the Trust is receiving the right referrals with tests already done. DS advised a radiology strategy has been developed to identify where there is a need to bring in the additional activity to help with cancer trajectories. BB noted cancer is an example of performance systems not being aligned across the ICP and queried the extent to which this will be visible through ICP performance reporting. RM advised when the report which went to the recent ICP Board is shared, it will be evident it is currently very secondary care focussed. Some of the information which should be easy to access currently isn't.		

	BB advised she is aware of a national metrics, unplanned hospitalisation for chronic ambulatory care sensitive conditions which is a good marker of the position in primary care and how that feeds through into secondary care, usually through emergency care. NG queried if there is a workstream looking at AI which can be used to reduce referrals from GPs. HH advised there is currently a piece of work in breast in relation to AI. DS advised the Trust is a national AI test bed as part of East Midlands Radiology (EMRAD) Consortium. They have developed an AI programme which has been tested, developed and is ready to go live into patient use. The AI programme is as good as, if not better at, picking up breast cancer in a selective group of patients. In terms of AI and other aspects of cancer screening, this is dependent on the appropriate history being taken when patients are referred. There is further work to do. JM noted the decrease in the size of the waiting list, particularly as this has been achieved over Winter. **FINANCE** At the end of Month 10, the Trust's YTD deficit is £36.6m before non-recurrent income sources. This represents an in month deficit of £3.9m which is £1m adverse to plan. The YTD adverse variance is £840k. When non-recurrent income sources are taken into account, the deficit is £16.6m, which is £1.32m adverse to plan. The reason for the difference in variance is due to the loss of £0.5m of Provider Sustainability Funding (PSF) due to the ICS financial position. The Financial Improvement Plan (FIP) YTD is £9m, £5m of which is non-recurrent. This is £1m below plan. The forecast for year end is to remain £1m below plan, delivering £11.7m against the plan of £12.8m. Agency spend was £220k below the ceiling in January and YTD is £3.41m below the ceiling. The capital programme is £570k behind plan but the Trust expects to achieve the capital programme, including additional capital spend in respect of fire remedial works at Mansfield Community Hospital by year end. Cash is on plan and the Trust remains compliant with the Treasury loan rules. The forecast is to achieve the control total, before non-recurrent income sources, at year end. This is a deficit of £41.5m. To achieve this will require the delivery of further planned non-recurrent solutions. The non-recurrent nature of the financial improvement plans means the Trust will end the year with an underlying deficit of £51m, which is roughly the position at the start of the year. This is £10.7m worse than plan. NG noted achieving the forecast is predicated on delivering further non-recurrent savings. The Board of Directors CONSIDERED the report.		

17/520	**NEONATAL CRITICAL CARE ACTION PLAN**		
3 mins	JH presented the report, advising the paper represents the Women and Children's Division response to the recently released Neonatal Critical Care Review. This includes some indicative costs. Most of the shortfall in resource relates to the medical staffing model in critical care. It is proposed to use the neonatal nursing model which is being implemented nationally. There is some shortfall with allied health professionals, but this is relatively small. PR advised this has been discussed with Lisa Gowan – Divisional General Manager for Women and Children's Division. There is no impact on the 2020/2021 Operational Plans. Any assumption in relation to external monies will be incorporated into the plan but the significant increase required will be in future years. JM noted there is a staffing risk and sought further clarification. JH advised the proposal is to train one AHP a year over 6 years. This is a fairly small number and there are senior neonatal nurses who are looking for development opportunities. The Board of Directors APPROVED the submission of the Neonatal Implementation Action Plan		
17/521	**ASSURANCE FROM SUB COMMITTEES**		
2 mins	**Finance Committee** NG presented the report, advising an extraordinary meeting of the Finance Committee was called on 27th February 2020, to discuss the submission of the financial and operational plan for 2020/2021. The Committee discussed this in detail. The Board of Directors were ASSURED by the report		
17/522	**OUTSTANDING SERVICE**		
5 mins	A short video was played highlighting the work of the Microbiology Team		
17/523	**COMMUNICATIONS TO WIDER ORGANISATION**		
1 mins	The Board of Directors AGREED the following items would be distributed to the wider organisation: • Patient story • Microbiology • Guardian of Safe Working • Performance • Coronavirus • Neonatal • Newark Strategy		

17/524	**ANY OTHER BUSINESS**		
1 min	No other business was raised.		
17/525	**DATE AND TIME OF NEXT MEETING**		
	It was CONFIRMED that the next Board of Directors meeting in Public would be held on 2nd April 2020 in the Boardroom, Newark Hospital at 09:00. There being no further business the Chair declared the meeting closed at 11.35.		
17/526	**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**		

17/527	**QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT**	20	
8 min	Kevin Stewart (KS) – Public Governor, advised a paper was presented to the Council of Governors on 18th February 2020 and concerns were raised in relation to the Medicine Division. This followed on from the division presenting to the Finance Committee and covered areas related to patient safety and HR support as well as finance. This is a serious concern for the governors. NG advised when the Medicine Division presented to Finance Committee they identified the reason for the rapid change in the forecasting of performance for the division and informed the Committee of the corrective actions being taken. Some assurance was provided they would be back on trajectory for year end. KS advised there is a concern other factors are in play, such as patient safety. PR clarified this related to the division reflecting that in maintaining patient safety and operational performance, the costs are required. Patient safety has not been compromised in any way. DS advised the Medicine Division is stretched. They have significant extra costs from the additional staffing which has been put in. Winter locums have been extended due to the impending impact of Coronavirus. The costs will continue. JM felt it would be useful for BB and NG to have a discussion outside of the meeting to ensure there is read across between the financial and quality agenda. RM advised in the last 6 months the Medicine Division have had a new clinical chair, divisional general manager and head of nursing. Those people have been carefully identified and whilst the division is under pressure, there is a strong team in the division. There is evidence the division are taking responsibility for some of the problems but they also need to be supported. In terms of HR support, they have a number of posts which are difficult to recruit to. They are well sighted to the challenges but they continue to provide safe care. NG advised part of the reason for cost overspend is they have taken safety of care to be the priority. This led to additional locum support. RM advised in January the division reported to the Executive Team meeting. Originally the focus was on closing the financial gap. However, following discussions with the Chief Nurse, Medical Director and other clinicians, it was felt financially focussed actions were the wrong actions to be taking. The division have been supported to strengthen services, recognising the financial impact it will have on them. CT advised she has met with the clinical chair of the division and colleagues in HR to work through different options in relation to staffing. Sue Holmes – Lead Governor, advised two student representatives from West Notts College will be visiting the Trust during week commencing 9th March 2020.		