

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 2nd May 2024, in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	Neil McDonald	Non-Executive Director	NM
	Paul Robinson	Chief Executive	PR
	David Selwyn	Medical Director	DS
	Richard Mills	Chief Financial Officer	RM
	Rob Simcox	Director of People	RS
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
	Claire Hinchley	Interim Director of Strategy and Partnerships	CH
	Phil Bolton	Chief Nurse	PB
Rachel Eddie	Chief Operating Officer	RE	
In Attendance:	Paula Shore	Director of Midwifery	PS
	Emma Mutimer Hallgarth	Divisional Patient Experience Lead	EM
	Sue Bradshaw	Minutes	
	Jess Baxter	Producer for MS Teams Public Broadcast	
	Caroline Kirk	Communications Specialist	
Observers:	Rich Brown	Head of Communications	
	Mitchel Speed	Project Support Officer	
	Ian Holden	Public Governor	
	Jamie Waller	Notts TV	
	2 members of the public		
Apologies:	Andrew Rose-Britton	Non-Executive Director	ARB
	Andy Haynes	Specialist Advisor to the Board	AH

Item No.	Item	Action	Date
24/133	WELCOME		
1 min	<p>The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and the public were able to submit questions via the live Q&A function.</p>		
24/134	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
24/135	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Andrew Rose-Britton, Non-Executive Director, and Andy Haynes, Specialist Advisor to the Board.		
24/136	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 4 th April 2024, the Board of Directors APPROVED the minutes as a true and accurate record.		
24/137	MATTERS ARISING/ACTION LOG		
2 mins	<p>The Board of Directors AGREED that actions 24/106.1, 24/114.1 and 24/114.2 were complete and could be removed from the action tracker.</p> <p><i>Action 24/106.1</i> – PR advised he has concluded the ratings in the Quarter 3 Segmentation Review letter are based on a mixture of objective and subjective assessments made by the Integrated Care Board (ICB) and the regional NHS England (NHSE) team. They are ratified by NHSE's national team. Further background information has been circulated to members of the Board of Directors.</p> <p><i>Action 24/114.1</i> – PR advised the views of the Board of Directors in relation to the Community Diagnostic Centre (CDC) funding issues have been expressed in strong terms to the NHSE regional team at the recent quarterly system review meeting. Subsequently, PR advised he sent an e-mail to the Finance Director of the NHSE regional team. There is a further opportunity to express the views of the Board of Directors to the national NHSE team at a meeting on 10th May 2024.</p>		
24/138	CHAIR'S REPORT		
2 mins	CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting the work of the Trust's volunteers.		

	<p>NM queried how many people attended the recent Governor conference. CW advised the conference was just for the Trust's own governors and the majority of governors attended, with only a few absentees. Excellent feedback has been received from those in attendance.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/139	CHIEF EXECUTIVE'S REPORT		
6 mins	<p>PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting the opening of the new Discharge Lounge, nomination process for the Staff Excellence Awards, appointment of the first Admiral Nurse at SFHFT to support families with dementia, award of the Interim Quality Mark for Preceptorship and the opening of the new car park at Newark Hospital.</p> <p>SB noted the clinical chairs have met with Primary Care Network (PCN) clinical directors and queried how the Board of Directors, or the Partnerships and Communities Committee, will receive feedback on the effectiveness of these meetings and how they are supporting reducing the flow of patients to the Trust (i.e. patients who do not need to attend).</p> <p>DS advised these meetings have been established for some time and relationships have been maintained as the PCNs have evolved. However, the meetings paused during the Covid pandemic and steps are being taken to reestablish and reinvigorate the relationships. The early work is to ensure the meetings are useful. Flash reports will be provided to the Partnerships and Communities Committee.</p> <p>CH advised, as with any partnership, there is a need to rebuild trust when there has been a break, which is the focus of the early meetings.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/140	GOVERNANCE APPROACH TO STRATEGY DELIVERY FOR 2024-2025, INCORPORATING 2023/2024 Q4 STRATEGIC PRIORITIES CLOSE DOWN		
15 mins	<p>CH presented the report, which provides a final review of the 2023/2024 Strategic Priorities. Of the 23 priorities, 7 have individual measures which are not yet fully concluded and will continue into 2024/2025. The remainder have completed all the measures of success set out for delivery in 2023/2024. A closedown summary of the achievements of the 2019-2024 strategy is included in the report.</p> <p>The Trust strategy for 2024-2029 builds on the 2019-2024 strategy. A new approach to strategy delivery was agreed at the Board of Directors workshop on 25th April 2024, which will result in a 6-monthly report to the Board of Directors to provide updates on the delivery of the 2024-2029 strategy. There will be a development plan towards a balanced scorecard as the strategy progresses.</p>		

SB noted there has been significant investment to support the delivery of some priorities, for example, expanding day case surgery services at Newark Hospital, and queried how assurance will be provided that the aims of the business case have been achieved.

RM advised it is important for post-project evaluations to be undertaken on all business cases which have been approved. The Trust has established a Financial Resources Oversight Group which tracks all approved business cases. Initial reviews are carried out after 3 months, with a further review after 6 months. For larger cases, such as Newark Theatres, this will drive into the Trust's ambition for elective recovery.

RE advised there have been instances where the Trust was provided with capital, but no revenue, for example, the Discharge Lounge. To realise the benefits there is a need to ensure the facility is appropriately staffed. Updates will be provided to the Finance Committee. RM advised, in the case of the ED business case where additional staffing was put into ED, there have been two updates to Finance Committee, with a further review scheduled.

BB noted the Trust is treating patients with increased acuity and queried if there is an objective measure for acuity. RE advised patients' National Early Warning Score (NEWS) is measured to some degree in relation to the emergency pathway and if this will impact on length of stay. PB advised the Safer Nursing Care Tool is used at nursing reviews. This is an evidence based tool and measures acuity and activity.

DS advised the Trust tracks patients' acuity on admission. Complexity and co-morbidities are captured to a degree, but there is no robust way of identifying the number of patients with multiple co-morbidities. Complex patients will need to stay in hospital longer. Some metrics are already available but there is a need to consider how this information can be presented in a meaningful way.

CW noted that anecdotally, due to the nature of the population served by the Trust, there is the assumption co-morbidities add to the challenges faced by SFHFT compared to other trusts. DS felt data is available but there is a need to source it, noting the need to approach the System Analytical Intelligence Unit (SAIU) to establish if data is visible across the ICB.

NM felt acuity links to productivity. Therefore, there is the need to evidence what the acuity is, how it is trending and how that links to the staffing available.

DS advised there is excellent national data in relation to demographic changes, but there is the need to establish if that is translating into admissions to the emergency pathway.

PR advised there is a need to establish a way to draw the data, interpret it and build it into decision making. In the longer term, the data which is available within the data warehouse can be used to guide the Clinical Services Strategy.

	<p>Action</p> <ul style="list-style-type: none"> • Method of capturing and presenting data in relation to acuity in a meaningful way to be developed. <p>The Board of Directors were ASSURED by the report.</p>	DS	04/07/24
24/141	<p>STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME</p>		
11 mins	<p>PS joined the meeting.</p> <p>Maternity Update</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting the Service User Voice, staff engagement, visit from the Shadow Secretary of State for Health and Social Care and the Leader of the Labour Party, with the focus on digitalisation within maternity services, and the successful NHS Resolution (NHSR) Year 5 submission.</p> <p>PS highlighted the Perinatal Pelvic Health Service.</p> <p>BB queried if the Trust was making links with children’s centres, district councils, etc. in terms of antenatal classes. PB advised the first step was to restart face-to-face classes. PS confirmed the Trust has made those links and is considering sites outside of the hospital for these classes.</p> <p>SB queried how the topics discussed by the service user voice group are decided. PS advised the safety champions provide the update for the report and pain relief was the focus for their last meeting. The topics are decided by the group. Provision of pain relief has been a topic nationally. The data in the report is a snapshot audit at a point in time. However, this will continue to ensure continual feedback and assurance is available. This provides the safety champions with assurance that concerns raised by service users are being followed through.</p> <p>MG queried if there is a process and timeline for providing feedback on the recommendations from the safety champions’ report and how the inequalities element is prioritised within that. PS advised there is an action log of the meeting and the recommendations form part of that and will feed down into different service lines, who have their own forums for tracking the actions. Updates will be provided to the safety champion meetings within the agreed timeframe. In terms of inequalities, support has been sought from the Maternity Voices Partnership (MVP).</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Maternity Perinatal Quality Surveillance</p> <p>PB presented the report, highlighting the home births service and the reduction in massive obstetric haemorrhage. It was noted there was one suspension of service in March 2024.</p>		

	The Board of Directors were ASSURED by the report.		
24/142	STRATEGIC OBJECTIVE 2 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE		
32 mins	<p>Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 monthly report</p> <p>PB presented the report, advising this has previously been presented to and discussed by the People Committee. PB highlighted the establishment review, focus on Band 5 registered nurses, noting the positive recruitment and retention and reduction in agency usage, pause in international recruitment, registered nurse degree apprenticeships, midwifery careers event, challenges within the AHP workforce, noting there are a number of professions which are hard to recruit to nationally, and AHP job planning.</p> <p>GW sought clarification and assurance in relation to the drivers for the increase in staffing numbers. PB advised there is a lot of work which sits behind this report, for example, the safer nursing care tool, acuity tool, etc., further details on which will be provided to a future meeting of the People Committee. Nursing is the only workforce in the organisation which uses an evidence based tool and has some methodology to determine staffing levels of what is a patient facing, safety critical workforce.</p> <p>RE advised there is a direct relationship between staffing, acuity and productivity, but this is a fine balance. There is a need to staff wards appropriately to manage patients and acuity, hence why a national tool is used. The Trust has to follow evidence based, nationally tested guidance.</p> <p>PB advised some of the increase may be in areas where there is a higher use of agency staffing due to changes in dependency and acuity.</p> <p>GW sought clarification on the establishment, which comprises substantive, agency and bank staff, noting the need to get the correct balance between those elements. PB advised what should become evident is a reduction in costs and agency spend in areas where there has been an increase to establishment.</p> <p>RS advised it is important to note the increase in establishment from a substantive perspective will be offset by a reduction in bank and agency usage. There is a need to ensure the skills in place in any given area are appropriate to patients' needs.</p> <p>GW noted the establishment is a combination of all staff. Therefore, there is an overall increase in the required headcount and there is a need to ensure there is the correct assurance to justify the increase.</p> <p>RM confirmed, when undertaking establishment reviews, the Trust follows evidence based methodology. The Deputy Chief Financial Officer is involved in the establishment reviews. RM advised he is assured that when the establishment is over what it needs to be based on the evidence, it is reduced. It is important to be able to describe what the process is and to ensure the Trust is aligned to other NHS</p>		

	<p>organisations and the national standards to ensure the nursing workforce is at the correct level. There is other benchmarking which can be considered, for example, the proportion of nursing staff within the overall workforce, nursing numbers based on activity, etc. This information can be included in the report to People Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • Assurance and description of the establishment review process, methodology used and mandated national safe staffing requirements to provide assurance on the driver for the increase in nursing and midwifery staffing to be provided to the People Committee. <p>NM felt it would be useful for the nursing staffing report to be presented to the Board of Directors in either December or January to enable challenge before it is set into quality, headcount and financial plans for the year. PB advised it is a requirement for a report on nursing staffing to be presented to the Board of Directors twice per year. The establishment review process is aligned to budget setting, etc. Timescales can be considered.</p> <p>Action</p> <ul style="list-style-type: none"> • Consideration to be given to amending the timing of the presentation to the Board of Directors of the Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 monthly report. <p>BB queried, given the needs of the Trust's patient cohort, if the organisation has the competency, capacity and systems to respond to those needs. Assurance is required the Trust has a process and understanding of needs and considers a blended workforce.</p> <p>PB advised all staff on wards can contribute to care. While there is a need to consider different roles, it is important not to dilute the role of registered nurses.</p> <p>DS advised it is important not to assume productivity is one number divided by another, as this is not the case. Quality and safety have to be considered. There are discussions ongoing at a national level to agree the definition of productivity within the NHS. There is an understanding that patients are getting sicker, older and more complex, which does not fit with a productivity discussion. NHSE recognise medical staff are spending longer with each individual patient and are undertaking more non-medical tasks.</p> <p>SB felt there is a need to determine if members of the Board of Directors are seeking assurance in relation to the process or the numbers, expressing the view the process is more important. It would be useful to have a 5-year view of how the population is developing to ensure that is aligned to the Trust's strategy.</p>	<p>PB</p> <p>PB</p>	<p>01/08/24</p> <p>06/06/24</p>
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<p>16 mins</p>	<p>PB advised when the establishment review indicates a required uplift which is above the monetary values, as determined in current governance arrangements, this will be presented to the Board of Directors for approval.</p> <p>RS advised the wider strategic view of the Trust's workforce is factored into the work cycle of the People Committee. In terms of colleagues' skillset, the Trust follows an annual learning needs analysis process to ensure colleagues are equipped with the relevant skills. This is designed to be an organic process which is reflective of the challenges people have experienced over a period of time and which are built into ongoing mandatory training requirements.</p> <p>MG noted the Trust has closed the pipeline of international recruitment and queried how the risk has been assessed in terms of timing for closing that pipeline. PB advised international recruitment is currently paused as the Trust has reached its capacity in terms of being able to appropriately support and induct international colleagues. In addition, there is the need to ensure there is the right skill mix on wards to ensure there is a safe balance, rather than wards having high numbers of newly qualified, internationally educated nurses. The Trust is currently at a point where the projected staffing will be at establishment. Therefore, Band 5 nursing recruitment is also paused, with the exception of specialist areas. This is likely to be a temporary pause. It was noted international recruitment is costly, but it will be reintroduced as necessary. The Trust has good links with local universities and there is a good pipeline of students.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting.</p> <p>Medical Workforce Staffing – 6 monthly report</p> <p>DS presented the report, highlighting job planning, appraisal, revalidation, medical workforce data, including data in relation to colleagues retiring and returning, industrial action, including impact on training, doctors in training surveys and vacancies. DS advised the Trust has a flexible medical workforce and work to fill rota gaps is a day to day operational process. It may be helpful for the work of the rota teams to be highlighted in a future video for the Board of Directors.</p> <p>Action</p> <ul style="list-style-type: none"> • Video to be presented to the Board of Directors highlighting the work of the rota co-ordinators. <p>DS advised a letter was received from NHSE during week commencing 29th April 2024, outlining a new initiative in relation to the desire to improve the working lives of doctors in training. The Trust is currently developing a gap analysis in relation to this. DS outlined the top five areas from the medics' perspective in relation to feedback from the Staff Survey.</p>	<p>DS</p>	<p>TBC</p>
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	<p>GW acknowledged the importance of resolving the issues relating to the Doctors' Mess. GW felt there is a need to understand what is driving the changes to the medical workforce. DS acknowledged there is work to do in relation to this, noting some of it relates to colleagues working less than full time hours, there are additional beds in place and there are activity and safety elements. There is a need to triangulate this information in a meaningful way.</p> <p>NM noted the number of doctors employed by the Trust has increased from 448 in September 2017 to 723 in April 2024. While recognising there has been an increase in the number of beds, complexities, etc. there is a need to understand if that is a true number of WTE or a blend of full and part time workers.</p> <p>DS advised the Trust has been working to remove the reliance on agency staff and employ more substantive staff. There have been changes in the medical workforce, with colleagues choosing to work bank shifts and temporary roles, as this suits their lifestyle.</p> <p>RS advised the fact the Trust currently only has 32 consultant vacancies is a positive. The Trust has actively pursued the desire to have additional doctors to train at the organisation. In instances where the Trust has difficulties recruiting consultants, due to known challenges in relation to speciality, the Trust has looked to develop the Clinical Fellows Programme. This supports the wider medical pipeline.</p> <p>BB noted, in terms of the impact of industrial action, there is a cohort of registrars who have been impacted by both the Covid pandemic and industrial action. DS advised the educational contract is competency based as opposed to time based. Therefore, assuming competencies are completed and signed off, that provides the assurance.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/143	PATIENT STORY – FAMILY LIAISON – SUPPORTING OUR PATIENTS		
8 mins	<p>EM joined the meeting.</p> <p>EM presented the Patient Story, which highlighted the work of the Family Liaison Service.</p> <p>PB advised SFHFT is one of the first trusts nationally to introduce the Family Liaison Officer role and it has had a positive impact on patient experience.</p> <p>EM left the meeting.</p>		
24/144	QUARTERLY INTEGRATED PERFORMANCE REPORT (IPR)		
60 mins	<p>QUALITY CARE</p> <p>PB highlighted falls, gram-negative blood stream infections and case finding question, or diagnosis of, dementia or delirium.</p> <p>DS highlighted Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI).</p>		

	<p>AR sought further information in relation to the increase in Escherichia coli (E.coli) infections. PB advised there are many factors which may be leading to this increase, although indications are it is predominantly linked to catheters. The Trust is seeking to reduce catheter usage, ensure appropriate prescribing and undertake antibiotic reviews.</p> <p>AR queried if the male / female breakdown of cases is known. PB advised he did not have the information to hand.</p> <p>AR expressed concern there are more cases of sepsis from e.coli in the region than other parts of the country. PB advised it is important to look across the pathway, noting patients will come into the Trust with catheters. An update will be provided in the Infection Prevention and Control (IPC) report to the Quality Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • Information in relation to e.coli infections to be added to the IPC report for Quality Committee. <p>BB queried if the increase in infections is affected by antibiotic usage, noting there was a workstream looking at Antimicrobial resistance (AMR) across the system. PB advised this is not just a Trust issue, noting the Trust may identify and record community acquired cases. There is a need to look at all aspects of care. DS advised there is no suggestion it is resistance which would be associated with antibiotic use.</p> <p>BB felt the phrase 'tolerable limit' should be used rather than 'trajectory' for areas such as infection rates.</p> <p>SB queried if there is any oversight on the time to resolution and quality of resolution of complaints.</p> <p>PB advised oversight of the complaints process is reported into the Patient Experience Committee and this is fed into the Quality Committee. DS advised there is a need to consider who investigations are being written for, which is largely for the Trust. However, there is a need for the investigation to also answer the questions the family has and use appropriate language for the family to understand.</p> <p>PEOPLE AND CULTURE</p> <p>RS highlighted the vacancy and turnover position, mandatory training, appraisals, employee relations, agency usage and staff wellbeing, including sickness absence and flu vaccination rates.</p> <p>GW noted the improved position in terms of agency usage and felt there should be the same focus on the usage of bank staff. GW queried if the figures for total workforce loss includes Medirest staff. RS advised total workforce loss includes staff on maternity leave, etc. in addition to sickness absence. This provides greater visibility on the Trust's available resources on any given day. It does not include Medirest staff.</p>	<p>PB</p>	<p>06/06/24</p>
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	<p>GW felt it might be useful to work with Central Nottinghamshire Hospitals (CNH) in terms of monitoring Medirest and Skanska staff absence.</p> <p>AR sought assurance the Trust has the right skill mix to ensure grievances are appropriately dealt with.</p> <p>RS advised there has been a changing employee relations landscape over recent years, which inevitably presents 'firsts' for team members. The challenge is how to empower leaders to tackle issues. The leadership development course includes a session on employee relations. The Trust continually reviews if the right skills are available at the right time to tackle issues. An area of focus is providing coaching in relation to finding resolution rather than continuing to pursue a case.</p> <p>AR queried how many grievances went through to a legal stage. RS advised this is minimal. Further information will be provided in the employee relations report to People Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • Information in relation to the number of staff grievances going through to a legal stage to be included in the employee relations report to the People Committee. <p>NM noted the indicators which are off track and felt these do not balance with the Staff Survey results, for example, employee relations, workforce loss and sickness absence. RS advised these are areas of focus which are explored and discussed by the People Committee. The aim for Year 3 of the People Strategy is to build on how the Trust can make sustained inroads and the wellbeing agenda is paramount to achieving that.</p> <p>CW noted the flu vaccination rate is lower than previous years and queried if there is any quality feedback as to the reason for this. RS advised the Trust has commissioned some research to provide scientific analysis in relation to the reasons for vaccine hesitancy. This will provide tangible data to understand what is preventing individuals, who have historically received the flu vaccination, from coming forward. The early headlines from this work are fatigue (i.e. people feeling unwell after receiving the vaccine and not wishing to repeat the experience) and accessibility. The number of peer vaccinators will be significantly increased to address the accessibility issue.</p> <p>DS felt accessibility of the vaccine is good across the Trust. One reason for hesitancy may be the fact there have been two mild flu seasons. CW felt there may be an education issue as healthcare workers should understand the importance of being vaccinated.</p> <p>BB felt staff need to think about protecting patients as well as themselves. NM felt some people will be linking the flu vaccination to the Covid vaccination, which has caused significant illnesses for some people.</p>	<p>RS</p>	<p>03/10/24</p>
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TIMELY CARE

In terms of the emergency pathway, RE highlighted A&E attendances are 11% higher than planned levels, high bed occupancy, enactment of full capacity protocol, reduction in the number of patients who are medically safe for transfer and long length of stay patients, strong ambulance turnaround times, good Same Day Emergency Care (SDEC) performance and ED 4-hour wait performance.

In terms of elective care, RE highlighted Elective Recovery Fund (ERF) target delivery, reduction in size of total waiting list, diagnostics and patient initiated follow up.

In terms of the cancer pathway, RE highlighted faster diagnosis standard and 31-day and 62-day standards.

AR expressed concern in relation to the 62-day wait standard. While the Trust has reduced the number of patients waiting over 62 days to 52, from in excess of 100, AR felt the Trust should have a drive to reduce this number to single figures.

RE advised reducing the number of 62 day waiters to single figures would be very challenging, noting 52 is the lowest level the Trust has seen for a very long time. There will be patients who breach 62 days due to the complex nature of their pathways and also compliance issues (i.e. failing to attend appointments, etc.) Waiting times is a constant focus for the specialities and the challenges faced differ, depending on speciality.

AR queried which specialities have the greatest backlogs. RE advised they are lower gastrointestinal (GI) and urology. This has been looked at down to consultant level. The cancer Patient Tracking List (PTL) goes through every long waiting patient with the speciality to try to move them along the pathway. The Cancer Centre tracks pathways on a daily basis, chasing results, etc. Therefore, there is daily scrutiny of cancer pathways. As agreed at Quality Committee, a deeper dive will be undertaken to look at the impact on outcomes. There is no increase in harm being reported through the Cancer Steering Group.

CW queried if increasing the percentage of remote attendances to 17% by the end of the financial year is ambitious enough and what impact this will have.

RE advised some patients value virtual appointments, but others prefer face to face appointments. There is a need to offer virtual appointments to patients who want them and a face to face service for those who do not. In terms of how the Trust deploys resource, taking into account the pressures teams work under, the view has been taken that there is a need to focus on productivity metrics, rather than trying to drive up the number of virtual appointments as colleagues are struggling to do everything well. A manageable expectation has been set. There is no clear evidence base to suggest doing more virtual appointments drives productivity or enables the Trust to see more patients.

	<p>BEST VALUE CARE</p> <p>RM outlined the Trust's financial position at the end of Q4, highlighting the deficit position at year end, elective recovery delivery, agency spend, Financial Improvement Programme (FIP), impact of industrial action, cash position, capital programme and implied productivity.</p> <p>The Board of Directors CONSIDERED the report.</p>		
24/145	<p>USE OF THE TRUST SEAL</p>		
1 min	<p>SBS presented the report, advising the Trust Seal has been used seven times in the past quarter, with the details being previously presented to the Board of Directors. In addition, seal number 115 was affixed to a document on 25th April 2024 for Newark and Sherwood District Council. The document related to the lease of the car park on Bowbridge Road at Newark.</p> <p>The Board of Directors were ASSURED by the report and NOTED the use of Trust Seal number 115.</p>		
24/146	<p>FIT AND PROPER PERSON</p>		
5 mins	<p>SBS presented the report, advising an updated framework came into force on 30th September 2023. SBS highlighted the actions taken by the Trust in response to the requirements set out in the framework. The first annual submission under the new framework is due on 30th June 2024 and it was noted further work is required before the submission can be made. SBS advised there are no concerns in relation to members of the Board of Directors meeting the Fit and Proper Person Test requirements.</p> <p>To provide further assurance, an internal audit review of the process will be undertaken. In addition, it is proposed the application of the Fit and Proper Person Test requirements be extended to designed deputies of the Executive Directors.</p> <p>The Board of Directors were ASSURED by the report and AGREED to extend the application of the Fit and Proper Person Test requirements to designed deputies of the Executive Directors.</p>		
24/147	<p>PROVIDER LICENSE SELF-CERTIFICATION DECLARATION</p>		
1 min	<p>SBS 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 NHSE 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>		

24/148	COMMITTEE EFFECTIVENESS REVIEWS		
2 mins	<p>SBS presented the report advising all committees review their Terms of Reference (TOR) and work plans each year and undertake an effectiveness review. It was noted the Charitable Funds Committee have not yet undertaken their review and this will be completed at the next meeting of the Committee on 9th May 2024.</p> <p>No actions have been identified as a result of the committee effectiveness review.</p> <p>To provide further assurance, a committee effectiveness review has been included in the internal audit plan for 2024/2025. This is scheduled for Q2 or Q3.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/149	STANDING FINANCIAL INSTRUCTIONS (SFI) AND SCHEME OF DELEGATION		
2 mins	<p>RM presented the report, advising the two formal changes to the Scheme of Delegation are outlined in the report. In addition, a number of minor changes have been made, which mainly relate to responsible officers and their associated titles. It was noted a further update will be undertaken later in the year and presented to the Audit and Assurance Committee in November 2024.</p> <p>The Board of Directors APPROVED the Standing Financial Instructions (SFI) and Scheme of Delegation.</p>		
24/150	ASSURANCE FROM SUB-COMMITTEES		
6 mins	<p>Audit and Assurance Committee</p> <p>MG presented the report, highlighting implementation rate of internal audit actions.</p> <p>The Audit and Assurance Committee Annual Report was noted</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Finance Committee</p> <p>GW presented the report, highlighting FIP, loss of income for CDC, areas for future focus, sustainability, review of Board Assurance Framework (BAF) principal risks and approval of the Treasury Management Policy.</p> <p>The Finance Committee Annual Report was noted</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Quality Committee</p> <p>AR presented the report, highlighting Sepsis. DS advised a report outlining the work of the Sepsis Group will be presented to the Quality Committee.</p>		

	<p>The Board of Directors were ASSURED by the report.</p> <p>Partnerships and Communities Committee</p> <p>BB presented the report, highlighting the ongoing challenge of resources required to support partnership work and review of Board Assurance Framework (BAF) principal risks.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/151	OUTSTANDING SERVICE – THE DISCHARGE LOUNGE - GETTING OUR PATIENTS HOME SAFER AND FASTER		
6 mins	A short video was played highlighting the new Discharge Lounge facilities.		
24/152	COMMUNICATIONS TO WIDER ORGANISATION		
1 min	<p>The Board of Directors AGREED the following items would be disseminated to the wider organisation:</p> <ul style="list-style-type: none"> • Discharge Lounge • Work of volunteers • Nominations for Trust Excellence Awards • Lessons learnt form the patient story regarding the role of the Family Liaison Officer. 		
24/153	ANY OTHER BUSINESS		
	No other business was raised.		
24/154	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 6th June 2024 in the Boardroom at King’s Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:15.</p>		
24/155	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p> <p>Chair Date</p>		

24/156	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
1 min	<p>CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting.</p> <p>No questions were raised from members of the public.</p>		
24/157	BOARD OF DIRECTOR'S RESOLUTION		
1 min	<p>EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting.</p> <p>In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve:</p> <p>“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</p> <p>Directors AGREED the Board of Director's Resolution.</p>		