

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 2nd November 2023 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
	Andrew Rose-Britton	Non-Executive Director	ARB
	Aly Rashid	Non-Executive Director	AR
	Barbara Brady	Non-Executive Director	BB
	Andy Haynes	Specialist Advisor to the Board	AH
	Paul Robinson	Chief Executive	PR
	Phil Bolton	Chief Nurse	PB
	David Selwyn	Medical Director	DS
	Richard Mills	Chief Financial Officer	RM
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
David Ainsworth	Director of Strategy and Partnerships	DA	
In Attendance:	Debbie Kearsley	Deputy Director of People	DK
	Mark Bolton	Associate Director of Operational Performance	MB
	Paula Shore	Director of Midwifery	PS
	Richard Clarkson	Divisional Director of Nursing for Urgent and Emergency Care	RC
	Mark Stone	Emergency Planning & Business Continuity Officer	MS
	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
Observers:	Ashton Green	Transformation Team Administrator	
	Sue Holmes		
	2 members of the public		
Apologies:	Rob Simcox	Director of People	RS
	Rachel Eddie	Chief Operating Officer	RE

Item No.	Item	Action	Date
23/346	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 any members of the public watching the live broadcast were able to submit questions via the live Q&A function.</p>		
23/347	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
23/348	APOLOGIES FOR ABSENCE		
1 min	<p>Apologies were received from Rob Simcox, Director of People, and Rachel Eddie, Chief Operating Officer.</p> <p>It was noted Debbie Kearsley, Deputy Director of People, was attending the meeting in place of Rob Simcox and Mark Bolton, Associate Director of Operational Performance, was attending the meeting in place of Rachel Eddie.</p>		
23/349	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 5 th October 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
23/350	MATTERS ARISING/ACTION LOG		
1 min	The Board of Directors AGREED that action 23/325 was complete and could be removed from the action tracker.		
23/351	CHAIR'S REPORT		
2 mins	<p>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. CW expressed thanks to Sue Holmes, departing Lead Governor, for her work over the past nine years, and advised Liz Barrett has now taken on the role of Lead Governor.</p> <p>The Board of Directors were ASSURED by the report.</p>		

23/352	CHIEF EXECUTIVE'S REPORT		
3 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 industrial action, engagement from the Nottingham and Nottinghamshire Integrated Care Board (ICB) in relation to the overnight opening hours of the Urgent Treatment Centre (UTC) at Newark Hospital, launch of the Elective Care Hub at Newark Hospital and the Trust's CARE values.</p> <p>PR advised the Executive Team recently attended an extraordinary meeting of the Medical Staff Committee. This provided the opportunity to hear the medical voice reflecting on the Lucy Letby case. The opportunities for speaking up, which are open to medical colleagues, were discussed at length at that meeting.</p> <p>The Trust has submitted an application for the Veterans Covenant Healthcare Alliance 'Veteran Aware' accreditation, noting the initial feedback has been favourable.</p> <p>The Board of Directors were ASSURED by the report.</p>		
23/353	STRATEGIC PRIORITIES UPDATE 2023/2024		
7 mins	<p>DA presented the report, which provides an update on progress at the end of Quarter 2, noting 16 priorities are on track and seven priorities have actions underway to address minor or major issues.</p> <p>AH noted there has been a significant improvement this quarter in relation to health inequalities and queried what has changed over the quarter to lead to the rating improving. DA advised there is a need to be cautious going into next year when reporting progress against these standards, noting there is a need to be careful in what is being measured. The impact the Trust has on people's overall health is difficult to quantify. However, the Trust has achieved the things it set out to achieve in the plan, which is why positive progress is being reported.</p> <p>DS advised a planning group has been established which cuts across different aspects. There is good work underway within the Trust, but there is a need to be careful this does not cut across the work which is happening in the Place Based Partnership (PBP). The ICB has established a health inequalities board which is starting to map data. It is important the Trust works with the ICB to avoid duplication.</p> <p>PB advised the Maternity Team presented examples of the work they are undertaking to the recent meeting of the Quality Committee. There are examples of people starting to focus and identify areas of work they are undertaking, or needing to undertake. There is a need to pull this information together to get visibility of what is already happening.</p> <p>GW noted the measurement relates to delivery of the plans, rather than a measurement of the things which the Trust needs to concentrate on to make a difference. As the Trust moves forward there is a need to drive towards outputs rather than just delivery of plans.</p>		

	<p>SB noted the two priorities which are furthest off track, “namely achieve elective activity levels, backlogs and patient waiting times” and “progress bespoke projects that optimise patient flow, expand Same Day Emergency Care and Virtual wards and reduce the number of MSFT (Medically Safer For Transfer)” are more outcome based.</p> <p>The Board of Directors were ASSURED by the report.</p>		
23/354	EARLY FINDINGS FROM PUBLIC ENGAGEMENT ON STRATEGY FOR 2024-2029		
8 mins	<p>DA presented the report, highlighting the key messages received from members of the public and colleagues through the engagement process. DA expressed thanks to everyone who took the time to provide feedback. It was noted the overall vision for the 2024-2029 strategy is outstanding care, delivered by compassionate people, supporting healthier communities.</p> <p>MG queried what feedback had been received in relation to areas which are currently working well and if there was any specific information from the engagement work in terms of inequalities.</p> <p>DA advised in preparing the report he had been mindful of setting the right tone, noting consistency is an issue in relation to people’s experience of local health services. However, the feedback does indicate that once patients are in hospital, they receive a fantastic service and are pleased with their treatment from compassionate and caring staff. In terms of inequalities, DA used the expanding Eastern European population as an example, advising their experience of healthcare in their country of origin is different to the NHS, with all of their healthcare being through secondary care as there is no GP system. Therefore, they do not think about registering with a GP and use A&E as primary care. The Trust’s partnership with the Mansfield voluntary sector will be key going forward to help people register with GPs, etc. There is a need to be cognisant one size does not fit all.</p> <p>MG queried if more information on inequalities could be provided in terms of vulnerabilities and how engagement has informed the strategy. CW advised there will be further discussion in relation to the strategy at the forthcoming Board of Directors Time Out session.</p> <p>The Board of Directors were ASSURED by the report.</p>		
23/355	STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME		
19 mins	<p>PS joined the meeting.</p> <p>Maternity Update</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting Maternity and Neonatal Safety Champion walk arounds, Ockenden insight visit and quality improvement work.</p>		

BB noted a key component of the Saving Babies' Lives Care Bundle is smoking cessation. Acknowledging the good work of the Phoenix Team within the Trust, BB queried if funding had been secured to make this mainstream. PS advised NHS England (NHSE) will not release the funding until the next financial year and the Trust has put forward a bid. It is likely some monies will be available as smoking cessation features heavily in the three year plan. Internally a business case is being developed, looking at how this work can be supported moving forward in case funding does cease. It would be disappointing to lose the funding as the Trust was an early implementer site and the model used at SFHFT has been shared nationally as good practice.

DS advised this is a source of frustration across health inequalities as often projects only receive short-term funding. The Trust, via the Quality Committee and input into the Local Maternity and Neonatal System (LMNS), needs to make a concerted effort to request more of a commitment. PB advised the delay in getting funding guaranteed creates a risk to the service as staff will start to leave.

AH queried if there had been any change to the number or demographic of bookings and how this is being planned for. PS advised the Trust has taken more of a strategic view, with the Regional Chief Midwife and Obstetrician, to look at the position, noting SFHFT is surrounded by units which are in a more challenging position. With the media coverage women may choose to book in a unit which they feel is safer. The Trust is monitoring booking numbers and is being supported by the region. There are currently no issues but the Trust is looking at capacity and demand. As the Trust moves into the establishment reviews, it will consider building in an uplift. The Birthrate plus report, which balances maternity staffing against delivery and takes into account complexity, etc. is reviewed every 3 years. This review can be brought forward if a significant trend becomes evident.

AH felt there is also the need to take into account obstetric ultrasound, delays to clinics, elective caesarean sections, etc. PS confirmed this is being looked at. Nationally there is difficulty in recruiting ultrasonographers for obstetrics. The maternity team is working with colleagues in Clinical Support, Therapies and Outpatients (CSTO) to look at a role for a midwifery sonographer. There are some estates issues, which are being worked through with estates colleagues, and more services are being provided at Newark Hospital, including more clinic capacity. There is room to expand, but there is a need to monitor the situation. If the Trust complies with all elements of the Saving Babies Lives Care Bundle, it will be scanning the right women at the right time.

PB advised there is unknown growth and there is a need to think strategically in terms of what this is likely to 'look like'. Estates is a constraint. The Trust is able to recruit midwives, but there is a need to recruit obstetricians, anaesthetists and sonographers, etc. at the same pace.

AR queried if any discussions were taking place at the Provider Collaborative to help manage the situation, including considering a temporary move of resources.

	<p>PR advised this is not being discussed via the Provider Collaborative, but it is a live conversation across the system via the LMNS. PB advised there is a network to divert resources as necessary across the system, but this is on an ad-hoc basis, rather than looking strategically at the longer term. There is a need to share data to evidence if there is a sustained increase.</p> <p>SB sought clarification that the Trust currently has the right number of staff in roles to meet demand. PS advised the Trust has done a lot of work to ensure this is maintained, looking specifically at intrapartum care. There are escalation processes in place, for example, using specialist midwives at busy periods, bank shifts, etc. The Trust is recruiting well, noting the risk in relation to the number of staff on maternity leave which the Trust has been able to backfill. Once staff are recruited, there is a need to support staff in order to retain them.</p> <p>DS advised it is important to note not all the staff are substantive. In terms of anaesthetics, the Trust prioritises maternity services, but if the service is looked at as a whole, there will be gaps.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Maternity Perinatal Quality Surveillance</p> <p>PB presented the report, highlighting a slight reduction in obstetric haemorrhage, two suspensions of service and the national Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries (MBRRACE) report.</p> <p>PS highlighted the home births service.</p> <p>BB noted the running average for third and fourth degree tears is showing as red and sought further information on the work of the perinatal pelvic health service. PS advised this is a multidisciplinary team, which looks at both postpartum recovery and antenatal education, in terms of exercise in pregnancy, etc. There has been an improvement in diagnosing issues and the longer term health of women has improved.</p> <p>The Board of Directors were ASSURED by the report.</p>		
23/356	<p>STRATEGIC OBJECTIVE 3 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE</p>		
23 mins	<p>Nursing, Midwifery and Allied Health Professions (AHP) Staffing 6 monthly report</p> <p>PB presented the report, highlighting compliance with Safer Nursing Care Tool (SNCT) standards, increase in recruitment and retention, increase in vacancies, recruitment of international nurses, noting there is a delay to the Objective Structured Clinical Examinations (OSCE) process nationally (which is required for overseas nurses to complete their registration), pastoral support, registered nurse degree apprentices, agency staff usage, annual establishment review, Allied Health Professions (AHP) overview and Recruitment and Retention Lead Midwife role. It was noted the Trust is above 95% of the planned staffing fill rates.</p>		

<p>SB noted in terms of care hours per patient day, the Trust has moved from the fourth quartile (highest) into the third quartile from benchmarking data from Model Hospital. SB sought clarification as to what this means for the Trust.</p> <p>PB advised while it is useful to look at benchmarking data, if the Trust was in the upper quartile there may be a challenge that, compared to peers, the organisation has too many nurses / midwives, etc. so it is important not to look at the figures in isolation. The Trust is confident with the process used in relation to the acuity tool and evidence based way of understanding what staffing levels should be. The Trust does not want to be an outlier either way.</p> <p>BB noted pharmacists are not included in the AHP section of the report, nor are they included in the Medical Workforce Staffing report. Noting pharmacists are an important section of the workforce, BB queried if it is viable for them to be included in future reports.</p> <p>DS advised this needs to be considered as part of a broader issue, noting clinical scientists are also key members of the team but are not included in the staffing reports. There is a need to consider reporting staffing of 'significant others' to the Board of Directors.</p> <p>BB felt there is a need for assurance the Trust has the right workforce doing the right roles. PB advised there is clear and strict guidance in relation to how nursing and midwifery staffing is reported, noting at a recent national event there was some challenge in relation to embracing and encouraging alternative roles, but these should not replace or dilute the role of registered nurses. It is important to get the right balance.</p> <p>Action</p> <ul style="list-style-type: none"> • Consideration to be given to how other significant roles, for example pharmacists and clinical scientists, can be included in future staffing reports to the Board of Directors. <p>MG noted the report states there may be underreporting of incidents and queried how this can be verified and mitigated against. PB advised it is felt there is some underreporting as people tend to normalise things. There is a need to have an open culture and encourage people to report. The number of incidents in certain categories are looked at and there is confidence people do report. However, there is always room for the number of reports to be improved and this is an ongoing challenge. People need to feel safe and comfortable to report and formalise escalation by using the Datix system. There is a need to ensure people are aware of Datix, how to use it and can see the benefit in using it. There is a need to ensure people are provided with feedback.</p> <p>DS advised the issue of reporting had been discussed recently with the consultants at an Extraordinary Medical Staff committee meeting. There is a need to understand reporting of incidents is a way of capturing themes, rather than providing an immediate response and change. People did feel there was a delay in receiving feedback and there is a need improve this. The reporting feeds into Freedom to Speak Up reports, doctors' exception reports, etc.</p>	<p>DS / PB</p>	<p>02/05/24</p>
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	<p>AH noted there are some specialist nurse functions within the nursing group which may not be safe in terms of acute care, but may be safe in terms of the patient journey and experience. AH queried how the review of specialist nurse functions is captured to ensure the balance is right. PB advised there is room for improvement in relation to this. The job planning process has started, which will give some visibility. This provides the opportunity to see how time is being used and how that aligns to services.</p> <p>CW noted the Trust has funding to recruit 70 international nurses, with 26 appointed so far and plans to deploy a further 20 per month. CW queried when all 70 will be in place.</p> <p>PB advised all the international nurses will be in the organisation by the end of December 2023. They will initially work within the Health Care Assistant (HCA) establishment and the next step is dependent on availability of the OSCEs. There is a significant delay to the OSCEs. The delay which has been shared with the Trust means it will be June 2024 before this process is complete. This has been escalated to the national team, noting the Trust has been supported to recruit at scale but there is a challenge with the national infrastructure to support the next stage. This has a potential financial impact due to the reliance on bank and agency staff for a longer period of time. There will be a delay of approximately 3 months on what was planned for.</p> <p>CW queried what wider support is available to international nurses joining the Trust. DK advised when international recruits start work with the Trust a package of care is wrapped around them. This includes the basics, such as helping with accommodation, setting up bank accounts, etc. as well as robust wellbeing support being made available to them. Peer groups have been set up so they can socialise and establish networks. PB advised he is passionate about the way existing staff are supported and educated so they can help support overseas workers.</p> <p>CW felt it would be useful for the People and Culture Committee to receive assurance international nurses are supported and integrated into teams.</p> <p>Action</p> <ul style="list-style-type: none"> • People and Culture Committee to receive assurance international nurses are supported and integrated into teams. <p>MG sought clarification regarding staff turnover over the last 6 months. PB advised the Trust has a low staff turnover and is currently recruiting more staff than are leaving, noting within maternity there have been no leavers from the 36 staff recruited. DK advised the figures are included in the Integrated Performance Report (IPR). Turnover within the Trust is relatively low when compared to system colleagues.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting</p>	<p>PB</p>	<p>07/12/23</p>
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<p>22 mins</p>	<p>Medical Workforce Staffing – 6 monthly report</p> <p>DS presented the report, highlighting the job planning process, appraisals, revalidation, General Medical Council (GMC) referral data, industrial action, medical workforce data, Chief Registrar post, doctors' mess, ethnicity data, exit interview data and work undertaken with Remedium Partners in terms of recruitment.</p> <p>BB sought clarification regarding the role of Remedium Partners. DS advised they are a bespoke recruitment agency which the Trust uses for hard to fill posts. They are approached when the Trust has exhausted its own processes, although there are certain bespoke roles where the Trust would approach them straightaway.</p> <p>DK advised they are a specialised agency, which has access to international recruits. They take a hybrid approach to filling vacancies, which includes some headhunting as well as international advertising. DS advised they also help candidates present themselves in the best possible way.</p> <p>SB noted there have been 13 doctors referred to the GMC and queried what impact this has on doctors in that situation and what support the Trust provides. DS advised it can be a long process, depending on the nature of the referral, noting the Trust has a statutory duty to report doctors to the GMC if there are any concerns in relation to professional practice. However, the Trust does provide support with information flow.</p> <p>DK advised when the Trust becomes aware of an individual going through a process, a person centred approach is taken and care is wrapped around them depending on what they feel they need. There is a need to understand each individual case on its own merit and what support the individual requires, either internally or externally to the Trust.</p> <p>DS advised if the issue is relatively low level, as far as can be ascertained, the Trust will have worked with the individual to achieve the outcome which would be desired from any investigation. However, a number of these cases are not low level and, therefore, the action the Trust can take is limited. It is only relatively recently that the GMC have started to recognise the impact on doctors, whose careers have been paused pending long enquiries, particularly the impact on their mental health. Suicide risk as a result of investigations is something the GMC needs to recognise and to improve its process and timelines.</p> <p>MG sought assurance in relation to the effectiveness of appraisals. In addition, MG noted 61 appraisals are overdue and queried how far overdue these were. DS advised there is tight guidance for doctors who do not comply with the appraisal process, with a series of referral processes which may involve referral to the GMC. The Trust has a robust process in place in relation to this and doctors will not be put forward for their revalidation if they are not engaging in the appraisal process.</p>		
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	<p>In terms of the effectiveness of appraisals and qualitative data, DS advised the quality of appraisals is variable, noting it is difficult to establish if the quality of the discussion is variable or if it is just the way it is captured on the paperwork. DS advised he reviews all appraisals and comments on any which raise concerns or do not demonstrate any stretch. There is work to do in terms of training appraisers and how discussions are documented.</p> <p>MG queried if there is any learning which can be taken forward in other areas in terms of leadership of appraisals. DK advised it is important to learn from experiences and quality of appraisals. Some new appraisal paperwork has recently been launched which is more robust in terms of allowing for meaningful conversations. Training in the use of the paperwork has been provided for leaders.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>23/357</p>	<p>PATIENT STORY – MICHAEL’S JOURNEY THROUGH ED – THE IMPACT OF MEDICAL JARGON</p>		
<p>14 mins</p>	<p>RC joined the meeting.</p> <p>RC presented the Patient Story, which highlighted how patients are impacted by the use of medical jargon.</p> <p>DS advised it is a very powerful story and queried how this message can be shared with medical colleagues. RC felt the use of medical jargon is across the board and is not limited to ED. It would be useful to share this story with colleagues, advising he can show the video to colleagues in ED. DS advised he would show it to medical colleagues and juniors. PB reported the video had been shared with the Nursing, Midwifery and AHP Committee.</p> <p>CW felt it would be useful for the Board of Directors to be provided with feedback from medical colleagues in relation to how things have changed as a result of seeing this patient story. DS acknowledged language is very important. The Trust is trying to write letters to the patient, with a copy to the GP, as this serves as a reminder to make the discussion patient centred and to put the letter in a language the patient understands. There is more work to do to improve this.</p> <p>SB noted it was good to see a story which demonstrates an area for improvement and felt it would be useful to share the story among other staff, not just doctors, as other people have a role to play in helping patients’ understanding.</p> <p>Action</p> <ul style="list-style-type: none"> • Feedback to be provided to the Board of Directors in relation to changes which have been made as a result of the patient story which highlighted the impact of the use of medical jargon for patients. <p>MG felt there is a need to consider how the message will ‘land’ with consultants, noting there will be some who take time to explain things fully to patients.</p>	<p>DS</p>	<p>TBC</p>

	<p>AH noted it was a powerful story and advised patient information is not a 'tick box' exercise but it is important the patient understands what has happened to them and what will happen next. There are several points at which this can be sense checked.</p> <p>MG felt the volunteers may have a role to play in terms of sharing lived experiences with patients.</p> <p>RC left the meeting.</p>		
23/358	QUARTERLY INTEGRATED PERFORMANCE REPORT (IPR)		
43 mins	<p>QUALITY CARE</p> <p>PB highlighted the impact of industrial action on performance, a reduction in the number of falls with harm, Clostridium difficile (C.diff) and an improvement in Dementia or delirium case finding metrics.</p> <p>DS highlighted Hospital Standardised Mortality Ratio (HSMR) and Venous Thromboembolism (VTE).</p> <p>BB noted the recent reduction in HSMR, but noted one of the actions to be taken in relation to HSMR is the "reconfiguration of Specialist Palliative Care (SPC) service to increase activity". BB queried if there was a danger of increasing the SPC service in order to manage the figures, rather than taking the action to address an unmet need.</p> <p>DS advised this action is to improve care to patients and improve the relationship with palliative care colleagues. It will capture the appropriate demand.</p> <p>PEOPLE AND CULTURE</p> <p>DK highlighted the engagement score, Staff Survey, flu vaccinations, mandatory training, appraisals, employee relations cases and agency usage.</p> <p>AH queried, in terms of agency usage, if the balance between vacancies, elective recovery and industrial action is understood. DK advised work is underway in relation to this and will be reported to the People and Culture Committee on 28th November 2023.</p> <p>GW advised it would be useful for the same report to be presented to the Finance Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • Report on the relationship between agency usage, elective recovery and industrial action to be presented to Finance Committee following discussion at People and Culture Committee in November. <p>BB requested an update on Covid vaccination rates each month.</p>	RS	04/01/24

DK advised flu vaccination rates can be reported as these vaccinations are provided by Occupational Health and the data is available in house. However, Covid vaccination rates are more difficult to report from a staff perspective as the information cannot be extracted from the national data system.

TIMELY CARE

In terms of the emergency pathway, MB highlighted high demand in ED, ambulance handover times, 4-hour wait performance, progress in relation to patients who are medically safe for transfer and a reduction in the number of long stay patients.

In terms of elective care, MB highlighted the impact of industrial action, 78-week waiters, 65-week waiters, opening of new theatre capacity at Newark Hospital and patient initiated follow-up.

In terms of the cancer pathway, MB highlighted impact of industrial action and 28-day faster diagnostic standard. MB advised the cancer standards are being simplified at a national level, noting the number of nationally mandated cancer indicators has reduced from nine to three. This will be reflected in the next quarterly update.

MB advised from the next quarterly report, the Quality Committee will receive an update in relation to the Timely Care indicators prior to their presentation to the Board of Directors.

AR expressed concern in relation to the cancer pathway and queried if the people involved in industrial action are sighted on the figures. DS advised the figures are not specifically shared, but the IPR report is publicly available. The cancer teams regularly meet and discuss performance and the micro-management of each patient on the cancer pathway. To some degree this is the moral injury consultant colleagues describe, i.e. support for industrial action verses the backlogs.

GW noted the downward trajectory for the number of 65-week waiters, but noted there is an increase in the number of 52-week waiters, which is likely to impact on the number of 65-week waiters. MB advised reducing the number of 52-week waiters to zero is likely to be included in the planning guidance for 2024/2025 and acknowledged there is a lot of work to do in relation to this.

AH queried if patients waiting over 12 hours in ED are tracked to establish if they are associated with mortality. DS advised there is a flag which goes to the Medical Examiner to identify if there was an elevated wait for admission if a patient dies. There is no cause for concern in relation to this. National data suggests increased ED waits are associated with a significant impact on outcomes and the Trust has tried to pinpoint that data internally, but there is no evidence to support this. When patients are waiting in ED within the Trust, they are waiting in a different 'state' to many other EDs, for example the Trust has put additional nursing staff in place, patients are placed on beds early on the pathway as opposed to waiting on trolleys, there are medication and comfort rounds, etc. However, this is not good from a patient experience perspective and there is a delay to access to specialised care.

	<p>PB advised while the Trust does a lot of things which may not happen elsewhere, it is not optimal, acknowledging patient experience is poor and privacy and dignity is poor. The Trust does focus on key safety elements, i.e. medication rounds, etc.</p> <p>MB advised the Trust does benchmark favourably in terms of the 12 hour length of stay metric and there will be an impact when the new discharge lounge opens as this will enable patients who are transport dependent to leave the department in a more timely manner. The Trust is considering other patient pathways which the discharge lounge could be utilised for which will help with decongesting ED, for example, Same Day Emergency Care (SDEC) pathways.</p> <p>AH queried what the community uptake of flu and Covid vaccinations is, particularly care home residents. MB advised he is not sighted on this information through any of the forums he attends. PB advised the Trust is not fully sighted on this and this needs to be followed up.</p> <p>Action</p> <ul style="list-style-type: none"> • Data in relation to community uptake of flu and Covid vaccinations to be sought. <p>SB sought clarification regarding progress in terms of reducing the number of patients who are medically safe for transfer (MSFT) and queried if the system is starting to make a difference in relation to this.</p> <p>MB advised there was a reduction in the number of MSFT patients in September, which is not a seasonal trend. Therefore, this does indicate some improvement. The mapping work, which PA Consulting have supported, will help to improve understanding of the delays and pathways. There is a group of system leaders who are committed to supporting this work and the expectation is there will be further progress over the coming months. However, there is a concern relating to seasonality over the Winter period. The Trust has appointed an Associate Director of Operations for Emergency Care which will provide additional focus on the discharge related element of the pathway.</p> <p>SB queried when improvements are expected in terms of the work PA Consulting have been engaged with and sought assurance the Trust is not 'waiting to hear what is already known'. PR advised the confidence and optimism described by MB is specifically in relation to actions which the Trust has agreed to take forward from the analysis work which PA Consulting has supported. This will provide a significant and material improvement which may enable the Trust to operate at 92% occupancy or below. However, the Trust is not yet confident to remove the escalated beds to the levels which were planned for. The actions which have been agreed relate to how teams interact with each other. The next phase is the system re-set.</p> <p>DS advised the Discharge Hub is now open 6 days per week and the Trust is starting to see a change which is having a material impact. PB advised there are internal actions which can be taken. An improvement has been evident in recent weeks which will have an impact.</p>	<p>PB</p>	<p>07/12/23</p>
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	<p>MG queried if the statement “rolling validation of the patients on the overdue review list to check if they still require their appointment” related to outpatient follow up appointments. DS advised this relates to first appointments.</p> <p>BEST VALUE CARE</p> <p>RM outlined the Trust’s financial position at the end of Q2, highlighting impact of industrial action, escalation capacity, establishment of Financial Recovery Cabinet, cash position and agency spend.</p> <p>The Board of Directors CONSIDERED the report.</p>		
23/359	BOARD ASSURANCE FRAMEWORK (BAF)		
2 mins	<p>PR presented the report advising all the principal risks (PR) have been discussed by the relevant sub committees. In addition, the BAF in its entirety is subject to quarterly review by the Risk Committee. The changes, and amendments which have been made, are highlighted in the report.</p> <p>It was noted four risks, namely PR1 (Significant deterioration in standards of safety and care), PR2 (Demand that overwhelms capacity), PR3 (Critical shortage of workforce capacity and capability) and PR4 (Failure to achieve the Trust’s financial strategy) remain as significant risks. There are three risks, PR1, PR3 and PR4, which are above their tolerable risk ratings.</p> <p>GW advised an action was agreed at the Finance Committee for further work to be undertaken in relation to PR8 (Failure to deliver sustainable reductions in the Trust’s impact on climate change) to enable consideration to be given to potentially increasing the risk factor.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework.</p>		
23/360	PARTNERSHIPS AND COMMUNITIES COMMITTEE TERMS OF REFERENCE		
4 mins	<p>SBS presented the report, advising currently the Terms of Reference lists the Chief Executive, Medical Director and Director of Strategy and Partnerships as attendees of Committee meetings. It was agreed these roles will be members of the Committee.</p> <p>Health inequalities is currently listed as a bullet point under “Monitor the effectiveness of the Trust’s role as an anchor organisation”. It was noted this needs to be separated out and made more meaningful. The Board of Directors agreed for BB and SBS to have a further discussion in relation to this.</p> <p>CW noted a minor change to wording as the Chair of the Committee shall be <i>approved</i> by the Board of Directors, rather than <i>appointed</i>.</p> <p>The Board of Directors APPROVED the Terms of Reference for the Partnerships and Communities Committee, subject to some minor amendments to be discussed by SBS and BB.</p>		

23/361	USE OF THE TRUST SEAL		
1 min	<p>SBS presented the report, advising the Trust Seal has been used four times in the past quarter, with the details being previously presented to the Board of Directors.</p> <p>The Board of Directors were ASSURED by the report.</p>		
23/362	EMERGENCY PREPAREDNESS		
12 mins	<p>MS joined the meeting</p> <p>Emergency Preparedness (EPRR) Core Standards Self-Assessment</p> <p>MS presented the report, advising the Trust submitted a rating of substantial compliance to NHSE, with 59 of the 62 standards being fully met. However, the subsequent confirm and challenge process downgraded the rating to partial compliance. There are six sections in which the Trust is deemed to be fully compliant, with most of the non-compliant areas falling into two sections, namely Duty to maintain plans and Business Continuity. MS advised this is mainly due to a change in evidence requirements and provided assurance nothing has changed to the detriment of the organisation. Compared to peers, the Trust benchmarks very well.</p> <p>SB queried if any of the actions identified in the report would lead to the Trust being significantly better prepared. MS advised none of the actions identified affect how the Trust responds to incidents. The Trust has a successful track record in responding to incidents, which is not reflected in the rating.</p> <p>GW felt the Trust is very proactive through incidents and responds to incidents better than other organisations. GW advised he was assured if the Trust faces anything significant, the organisation will react quickly and well.</p> <p>PR advised the areas in which the Trust is partially compliant are not material to the emergency preparedness arrangements and noted the resolve to turn those areas to fully compliant for next year's assessment.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Business Continuity Policy</p> <p>MS presented the report, advising the policy is subject to annual review. It was noted there have been no material changes to the policy.</p> <p>The Board of Directors APPROVED the Business Continuity Policy.</p> <p>MS left the meeting.</p>		

23/363	ASSURANCE FROM SUB-COMMITTEES		
6 mins	<p>Finance Committee</p> <p>GW presented the report, highlighting financial recovery plan, ICB Month 6 finance report, Imaging Transformation Additional Asset Bid, Byron Court Lease and review of BAF risks.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Charitable Funds Committee</p> <p>ARB presented the report, highlighting the Annual Report and Accounts and Letter of Representation, delays with progress to create 16 enhanced End of Life rooms and approval of two funding requests.</p> <p>DS noted the review of patients' access to TV and advised some work in relation to this is underway in terms of the digital agenda.</p> <p>The Board of Directors were ASSURED by the reports.</p>		
23/364	OUTSTANDING SERVICE – SHERWOOD FOREST HOSPITALS CARE VALUES – TOGETHER WE CARE		
7 mins	A short video was played highlighting the Trust's CARE values.		
23/365	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"> • Thanks to Sue Holmes, outgoing Lead Governor, and welcome to Liz Barrett as she takes on the role of Lead Governor. • Supporting colleagues through periods of industrial action and operational pressures. • Thanks for engagement in relation to development of strategy. • Patient story – understanding the negative impact of medical jargon when communicating with patients. • Operational performance. • Relaunch of CARE Values. 		
23/366	ANY OTHER BUSINESS		
	No other business was raised.		
23/367	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 7th December 2023 in the Boardroom, King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:15.</p>		

23/369	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>		
23/370	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>		