

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 1st February 2024, in the Boardroom, Newark 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
	Barbara Brady	Non-Executive Director	BB
	Neil McDonald	Non-Executive Director	NM
	Andy Haynes	Specialist Advisor to the Board	AH
	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
	David Ainsworth	Director of Strategy and Partnerships	DA
	Phil Bolton	Chief Nurse	PB
	Rachel Eddie	Chief Operating Officer	RE
In Attendance:	Paula Shore	Director of Midwifery	PS
	Kerry Bosworth	Freedom to Speak Up (FTSU) Guardian	KB
	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
	Rich Brown	Head of Communications	
Observers:	Claire Page	360 Assurance	
	1 member of the public		
Apologies:	Aly Rashid	Non-Executive Director	AR

Item No.	Item	Action	Date
24/031	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>		
24/032	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
24/033	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Aly Rashid, Non-Executive Director.		
24/034	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 January 2024, the Board of Directors APPROVED the minutes as a true and accurate record.		
24/035	MATTERS ARISING/ACTION LOG		
1 min	<p>The Board of Directors AGREED that action 23/358.1 was complete and could be removed from the action tracker.</p> <p><i>Action 23/255</i> – SBS advised progress has been made against actions 13 and 15 of the external well-led review, noting they remained open at the time of the update to the Board of Directors in August 2023. A full report detailing all 15 actions will be provided to the March 2024 meeting of the Board of Directors.</p>		
24/036	CHAIR'S REPORT		
1 min	<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, highlighting meetings with the Trust's partners and the work of the Trust's volunteers and Community Involvement Team.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/037	CHIEF EXECUTIVE'S REPORT		
3 mins	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 operational pressures, reintroduction of the requirement to wear facemasks in clinical areas, listening events undertaken in relation to shaping the Trust's strategy for the next five years and additional health checks which have been		

	<p>undertaken, ahead of the new Community Diagnostics Centre (CDC) which is being built on the site of Mansfield Community Hospital. PR expressed thanks to colleagues for their continued commitment to maintaining essential services during periods of industrial action.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/038	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 increased activity, acuity and pressure within maternity and neonatal services, re-launch of facilities to enable birthing partners to stay overnight, revised format of the Maternity Forum, Safety Champion walkarounds, NHS Resolution (NHSR) submission and quality improvement.</p> <p>PS highlighted the ongoing safety culture work.</p> <p>SB noted the increased levels of acuity and queried if the reason for this is known and if there is any action the Trust can take in terms of health prevention to address this. PS advised acuity is monitored throughout the day, using a live acuity tool. An increase in obstetric intervention is being seen. The Trust is looking to apply the Robson 10 Methodology in terms of type of birth. The data is currently being run to identify where the significant increases are and then to focus resource accordingly.</p> <p>SB queried if there is anything societal which is leading to patients presenting in a more complex way. PS advised the Trust and the Local Maternity and Neonatal System (LMNS) is giving consideration to the public health element. SFHFT was an early implementer of work in relation to smoking cessation. There has been an increase in gestational diabetes and it is known most of the women affected will be Type 2 diabetic prior to pregnancy. Ways of improving this are being considered as a system, noting pregnancy complicated by diabetes becomes a complex pattern of care. This will be a focus for the Trust this year.</p> <p>PB advised the increased caesarean section rate being seen nationally is reflected at the Trust and this is a big factor, noting patients have a surgical procedure which leads to added complexities, added care and a prolonged stay.</p> <p>NM noted NHS England has set up a Perinatal Culture and Leadership Programme (PCLP) and queried how many people the Trust is planning to send on that programme. PS advised the Trust currently has four staff members on the programme, a midwife, neonatologist, obstetrician and a member of the business team. Any learning will be shared and the work they will take forward will mainly come from the score survey, noting the themes from the score survey will determine the next steps.</p>		

	<p>The Board of Directors were ASSURED by the report.</p> <p>Maternity Perinatal Quality Surveillance</p> <p>PB presented the report, highlighting massive obstetric haemorrhage rate and vacancy position. It was noted there was one suspension of service during December 2023.</p> <p>PS highlighted the high activity levels, advising that despite recruitment to vacancies, there has been the need to use some bank and agency staff to support services, for example, with additional elective caesarean section lists. PS advised the high levels of activity are reflected across the region.</p> <p>DS advised there was a lengthy discussion in relation to obstetric haemorrhage at the recent Maternity Forum, noting he raised the question if the Trust is comfortable with the surgical techniques used and if there are any concerns. DS advised good assurance in relation to this was received. Noting there is concern in relation to the standard which has been set nationally, the team are to undertake some benchmarking work and compare the regional data.</p> <p>CW noted the number of incidents resulting in low or no harm peaked in November, but reduced in December 2023 and queried if the reason for this is known.</p> <p>PS advised the peak in the number of incidents related to the triage staffing model, noting there was a massive change in the number of staffing related incidents until the national guidance was issued and the Trust was able to benchmark against that. In terms of clinical incidents, this relates to the high levels of activity.</p> <p>PB advised he expects and welcomes high reporting and low harm, particularly at times of high pressure. The Trust encourages a reporting culture, but clearly does not want to see harm.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting.</p>		
<p>24/039</p>	<p>STRATEGIC OBJECTIVE 3 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE</p>		
<p>25 mins</p>	<p>Freedom to Speak Up (FTSU)</p> <p>KB joined the meeting.</p> <p>KB presented the report, highlighting the number of concerns raised, targeted work to raise awareness of FTSU within Urgent and Emergency Care, themes of concerns raised, triangulation work, mental health first aid training, work with Equality, Diversity and Inclusion (EDI) lead and work with international nurses. KB advised there are three newly recruited FTSU champions for Newark Hospital. The process for mapping SFHFT against the latest NHS England (NHSE) FTSU Trust Boards Reflection and Review Tool is underway.</p>		

	<p>MG queried if there was any triangulation between FTSU and information from the Staff Survey, EDI networks and learning from exit interviews.</p> <p>KB advised she attends meetings of the People and Wellbeing Subcabinet, which is also attended by colleagues who she triangulates information with. In addition, there are some informal routes which are utilised, advising the EDI Leads will spotlight areas where information is coming from. KB advised she does not receive feedback from exit interviews, but she encourages people to ask for them, particularly if they are leaving the organisation due to work related issues. There is some heatmapping work underway which will look at FTSU cases, EDI data and retention and recruitment issues.</p> <p>RS advised once the Staff Survey information is available, the heatmaps will be updated. FTSU information will start to be integrated, along with relevant exit interview information, to obtain a true picture of where there may be opportunities for wider discussions in relation to support and interventions.</p> <p>PB advised 'itchy feet' conversations are being trialled within nursing and midwifery as a way of gaining information before someone leaves the organisation.</p> <p>RE felt it helpful to see the divisional breakdown within the report. However, noting some divisions are larger than others, it would be useful to see the information as a percentage of the total workforce in future reports. PB advised strengthening the data will be helpful.</p> <p>Action</p> <ul style="list-style-type: none"> • Divisional breakdown within Freedom to Speak Up (FTSU) Guardian report to be shown as a percentage of workforce in future reports. <p>RE queried if there are any hotspots at service level to be concerned about. KB advised there was a spike in the number of concerns raised within the Clinical Support, Therapies and Outpatients (CSTO) Division in Q2, which related to the safety and wellbeing category. The pressure on clinical teams is well recognised. However, there are a lot of non-clinical teams within CSTO and the reason for this area highlighting as a hotspot related to the additional work required in terms of waiting list rearrangement, outpatients, etc. and how the non-clinical teams were having to work differently due to the impact of industrial action. There are areas within the Trust where there is a complex dynamic and teams which periodically feature in FTSU concerns. However, over the last 6 months there has been no particular area which has come through to FTSU month on month.</p> <p>PR acknowledged concerns are now being raised by groups that were previously underrepresented, noting an additional group which is underrepresented is line managers.</p>	<p>SBS / KB</p>	<p>01/08/24</p>
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KB advised some people in line management positions have approached her, which is welcomed. There is a need to consider a different approach as the 'funnel' for signposting is smaller and the risk feels greater for people in a leadership position to come forward with concerns. There is more work to do in terms of how to support line managers. The Leadership Development Programme has been launched. There is a need to acknowledge there is a vulnerability in leadership and where leaders can seek support. These conversations will build through the programme.

PR noted there are a number of themes in the report relating to the fact the Trust was slow to respond when concerns were raised. The Leadership Development Programme will aid understanding in relation to how line managers can be supported to take issues forward. The Trust provides opportunities, and encourages people, to raise concerns. Colleagues need to have confidence they can raise concerns without detriment, but they also need to have confidence something will happen as a result of a concern being raised.

KB advised most concerns are handled in an informal way, with colleagues being signposted to a formal process as applicable. KB acknowledged things can drift if they are handled informally and the wellbeing impact becomes evident. There is a need for leaders to recognise that what they see as something small, can be massive for the person raising the concern and awaiting a response. Quick feedback is important.

BB noted the recent relaunch of the CARE values and highlighted the reference in the report to staff feeling it is futile reporting some behaviours as they feel nothing will change. BB queried how people can be encouraged to be brave and speak up about what they are experiencing, so hidden problems are exposed and they can be addressed.

KB acknowledged behaviours can be engrained in certain areas and people are reluctant for issues to go through an HR (Human Resources) process. Sometimes the person will move area, but that does not solve the problem for others. Things can be normalised at the departmental / office level. If leaders are unable to deal with engrained behaviour, or they do not know how to deal with the behaviour, they need to feel empowered to reach out for support. It is hoped the Leadership Development Programme will help with this. Sometimes people will come to FTSU but they do not want to progress anything.

BB queried the timeframe for all leaders to complete the Leadership Development Programme. RS advised this will be worked through over the next 12-18 months, with the current focus being on people who are new to the organisation or to a leadership role, in addition to complimenting existing programmes of support and education to deliver key messages. A further challenge is the new standards include an expectation that everyone in the organisation has a greater level of knowledge of the FTSU process. KB speaks at the Orientation Day for new starters and there is a need to compliment this further. The Trust is on a journey, but is taking every opportunity to ensure leaders are appropriately equipped.

	<p>PB felt there is a need to guard against the thought that providing a training session will fully address the issues as it is more complex and the Trust is on a journey. RS advised the heatmap will be used to provide a more targeted approach.</p> <p>DA advised the CARE values are visible through the Trust's communication channels.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>KB left the meeting.</p>		
<p>24/040</p>	<p>PARTNERSHIP STRATEGY</p>		
<p>13 mins</p>	<p>DA presented the report, advising the Partnership Strategy is a sub-strategy of the overall Trust Strategy and has been discussed by the Partnership and Communities Committee. This strategy links to, and becomes the delivery framework for, Strategic Objective 6, Working Collaboratively with Partners. The strategy builds on existing partnerships, noting the Trust wants partnerships which create value. DA highlighted the vision, approach, high level plan and evaluation of the strategy.</p> <p>BB advised she welcomed the strategy and acknowledged it is a good starting point, noting this is a new area of work for the organisation which will develop and mature over the next two years. During this time it is anticipated there will be more examples of the Trust working in partnership to make a difference.</p> <p>MG felt the Trust now has a formal focus on ambitions and approach. There is a need to develop the work programme of the Partnerships and Communities Committee to seek assurance on the delivery of the strategy. This strategy cuts across the work plans of other committees. Therefore, MG felt it would be beneficial for the Board of Directors to have a discussion regarding how the sub-committees interrelate.</p> <p>CW advised this could be a topic for a future Board of Directors workshop, to ensure there is sight across the sub-committees. PR noted currently the sub-committees communicate with each other via the quadrant reports to the Board of Directors. If there is a matter where assurance is required from a fellow sub-committee, or it is felt it is a matter for another committee, this will be picked up via the quadrant report.</p> <p>Action</p> <ul style="list-style-type: none"> • How sub-committees inter-relate to be a topic for a future Board of Directors workshop. <p>PR advised the strategy is a good document which allows the Trust to focus on the areas and partnerships which will facilitate the delivery of the Trust's strategic objectives.</p> <p>SB felt the Trust needs to be open to partnerships where the benefit will not be immediately obvious, but will become evident further into the future.</p>	<p>PR</p>	<p>TBC</p>

	<p>DA acknowledged sometimes work is done today, which will not pay dividends for five years. Therefore, not all relationships will deliver in the first year.</p> <p>NM noted in terms of evaluation of shared benefits, there will be some things where the Trust will have a greater input, but a lesser output. However, it will help the wider system.</p> <p>The Board of Directors APPROVED the Partnership Strategy</p>		
24/041	STAFF STORY – NATIONAL APPRENTICE WEEK, HOW OUR PEOPLE HAVE THRIVED		
9 mins	<p>RS presented the Staff Story, which highlighted the work in relation to apprenticeships across the Trust.</p> <p>CW noted this was a very positive story and there are opportunities to expand apprenticeships.</p> <p>NM queried if consideration had been given to what the apprenticeship levy could be used for within local educational institutions. RS advised some of the courses featured in the video have been undertaken in conjunction with Nottingham Trent University and West Notts College. There is more the Trust wants to do and there is a need to look at how this can be done in a way which is sustainable.</p> <p>ARB felt it was an excellent video.</p>		
24/042	QUARTERLY INTEGRATED PERFORMANCE REPORT (IPR)		
75 mins	<p>QUALITY CARE</p> <p>PB highlighted a reduction in the number of falls, improvement in venous thromboembolism (VTE) risk assessment, Never Event, infection prevention and control (IPC), clostridium difficile (C.diff) rates and dementia and delirium.</p> <p>DS highlighted Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI).</p> <p>AH noted HSMR data is based on a 12-month rolling average and, therefore, this will take a long time to change. The co-morbidity index may provide a lead and this can be looked at through the Quality Committee.</p> <p>AH expressed disappointment about the Never Event in dermatology, noting the Trust has previously undertaken a piece of work to transform that pathway as a result of previous Never Events. There is a need to understand if the pathway is not being followed or if something has changed. DS advised the initial review showed all the changes which were put in place were followed, noting more things will be discovered as a more in-depth review is undertaken. GW felt if processes which were put in place to mitigate the risk were followed, there needs to be further review to understand why this incident occurred.</p>		

AH noted more cases of delirium are being identified and queried what subsequent action is being taken and how cases are managed. PB advised the results of the annual dementia survey have been received and will be reported to the Quality Committee. A workplan will be developed to highlight the areas of focus, including an education piece of work being required. Patients come to hospital with dementia and there is a need to strengthen the work across system pathways. Dementia will be an area of focus and progress will be reported through the Quality Committee.

AH requested an update in terms of nosocomial outbreaks of Covid within the Trust. PB advised there has been an increase in the number of patients who are found to be Covid positive when screened on admission. Once identified, patients are isolated and there have been no outbreaks over the last quarter. The process of screening, identifying and appropriately isolating patients has enabled the Trust to contain nosocomial outbreaks. Other actions, such as taking the decision to reintroduce the requirement to wear facemasks in clinical areas, may also have positively contributed to this. There is an increase in Covid rates in the community and across the region.

DS advised the region has been an outlier all through Covid. Noting Covid is now being considered as a component of other respiratory illnesses, the focus is also on flu cases of which there has been an increase.

PEOPLE AND CULTURE

RS highlighted the impact of industrial action, vacancy position, mandatory training, appraisals, staff wellbeing, flu vaccination campaign, employee relation cases and usage of agency staff.

CW noted the Trust is performing better than other areas of the NHS in terms of flu vaccination rates, but this is below the rate achieved in previous years. CW queried if it is known why staff, who have had the vaccination previously, have not come forward this year. RS advised the anecdotal evidence indicates vaccine fatigue, noting the Covid vaccination programme, and vaccine hesitancy. The Trust will continue to consider what can be done to mitigate against hesitancy and promote the positives of protecting staff and the community.

BB acknowledged the low uptake of the flu vaccination, noting this makes both staff and patients vulnerable, and queried if there is any information in relation to staff who year on year do not have the flu vaccination, as well as understanding those colleagues who have previously had the vaccine but have not come forward this year.

RS advised the Trust uses data to target interventions, whether that be from the perspective of staff group, area of work, etc. No noticeable trends have been identified in terms of areas where people have previously had the vaccination, but have not come forward this year. Once the programme closes, the Trust will look for areas of learning and will report this through the People Committee.

CW queried if staff are asked to self-declare if they have had the flu and/or Covid vaccinations. DS advised this forms part of medical appraisals but there would be a need to trawl through appraisals in order to capture the information as a statistic. There has not been a bad flu season for a few years, which usually leads to a waning in terms of vaccine uptake.

MG expressed concern the low uptake of the flu vaccination is a behavioural and cultural issue and there is a need to understand the causes of vaccine fatigue and hesitancy in order to inform actions. CW noted this is not a national focus and there is a need for the Trust to consider what action it can take to support staff. DS advised in the past national consideration was given to mandating the flu vaccination, but this did not happen. In the absence of national guidance, the Trust is limited in the actions it can take.

BB noted uptake of the vaccine is discussed at professional appraisals for medical staff and queried if the same approach could be taken with other healthcare regulated staff who require professional appraisals. PB advised this could be included as a starting point.

MG felt there is a need to identify the common myths and reasons for not having the vaccine and consider how those myths can be quashed. DS advised one of the difficulties is the efficacy of the flu vaccination. Covid vaccinations, assuming the variants have not drifted too far, are statistically proven to prevent life threatening illness and death. However, the contents of the flu vaccination are decided 9 months in advance of the flu season. This year's flu vaccine contains the immunological components which exactly match the flu variant which is circulating, but this is not the case every year.

NM advised there is a need to acknowledge that having a vaccination is choice, noting hesitancy may be due to potential side effects and fatigue. BB felt there is a need for people to acknowledge the purpose of the vaccine is to protect themselves and others.

TIMELY CARE

RE advised the Timely Care section of the IPR had been presented to the Quality Committee, in advance of the Board of Directors' meeting.

In terms of the emergency pathway, RE highlighted patterns of ambulance arrivals, high levels of demand, improvements to the discharge pathway, ambulance turnaround times, enactment of full capacity protocol and the strong Same Day Emergency Care (SDEC) offer.

In terms of elective care, RE highlighted the impact of industrial action, opening of new theatre provision at Newark Hospital, constraints in relation to anaesthetic staffing, 78-week wait breaches, reduction in the number of 65-week waiters, patient initiated follow-ups and virtual appointments.

In terms of the cancer pathway, RE highlighted the new cancer standards, 28-day faster diagnostic standard and the backlog in lower gastrointestinal (GI) tumour site.

	<p>SB queried if going forward the Trust, and the system, will be planning capacity based on forecast activity levels, i.e. will existing capacity be retained or will it be expanded to 'keep up' with the new level of activity. RE advised, in terms of planning activity, the approach has to be different for the elective versus the emergency pathway. The elective planning is based on what is felt can be delivered, whereas, in terms of the emergency pathway, the Trust plans on what is felt will happen and the growth which is expected. The forward modelling produced by the Integrated Care System (ICS) is projecting a 3% year on year growth in the emergency pathway, without any mitigations in place. In an ideal scenario, energies would be focussed on admission avoidance. There is also the need to commission capacity in the right place, rather than adding to the acute trusts to compensate for the fact patients cannot be discharged from hospital to the right capacity.</p> <p>SB felt there is a need to be realistic about what can be done in terms of managing demand. RE advised the Trust is not planning to build in any capacity reductions to the plans for 2024/2025, noting all the escalation beds have now been substantivized and are part of the core bed base. Another constraint, in terms of increasing capacity, is the ability to enact that in terms of physical space, capital and timescales for delivery of large estates projects.</p> <p>AH queried if it is known how many other providers are achieving the ED 4-hour wait standard, at either a regional or national level. RE advised there are a small number of trusts which are achieving this standard. SFHFT's relative standing in 4-hour wait performance has dropped, but performance in terms of ambulance turnaround times is improving and these two indicators are linked. More information in terms of national benchmarking will be provided to the Quality Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • National benchmarking in relation to ED 4-hour wait performance and ambulance turnaround times to be provided to the Quality Committee. <p>AH queried if the timescale for returning to pre-Covid levels of diagnostic waits is known and felt it would be useful for information regarding the actual number of tests being carried out to be presented to the Quality Committee. RE advised she was unable to provide a timescale, but noted there are two main areas which are driving the overall performance, echocardiographs and cardiac CT. Information in relation to the number of tests carried out will be presented to the Quality Committee.</p> <p>Action</p> <ul style="list-style-type: none"> • Data relating to the number of diagnostic tests undertaken to be presented to the Quality Committee. 	<p>RE</p> <p>RE</p>	<p>07/03/24</p> <p>07/03/24</p>
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	<p>BB acknowledged the progress made in terms of reducing the number of patients who are medically safe for transfer and queried what opportunities are within the Trust's gift to reduce this further. BB noted the plan to involve Derbyshire Social Care in the Transfer of Care Hub and queried what proportion of patients are Derbyshire residents.</p> <p>RE advised the overall number of medically safe for discharge patients is reducing. Some of that progress is due to improvements the Trust has delivered internally in relation to the interface between the Transfer of Care Hub and the wards and that is driven by how Nervecentre is used. The changes will enable discharge planning to start in advance of patients being declared medically safe. There is a need to separate out the elements of the Trust's preparing patients for discharge and social care's ability to put a package in place.</p> <p>In addition, currently patients in peripheral units, for example, Newark Hospital and Mansfield Community Hospital, are included in the number of patients who are medically safe for discharge. However, these patients are potentially still undergoing rehabilitation. Therefore, while they may be medically safe from an acute perspective, they still have a valid reason to be in hospital. Using Nervecentre will enable these patients to be identified and separated out of the figures. There is a need to be clear on the definition of medically safe.</p> <p>In terms of Derbyshire residents, the Trust does not have a regular representative from Derbyshire Social Care in the Hub but there are direct escalation routes in place and there is a weekly multidisciplinary team (MDT) call to review Derbyshire patients. The position is improving, but there is more work to do as the Trust does not have the same level of support and engagement with Derbyshire as local partners.</p> <p>GW queried what percentage of ED attends are streamed to Primary Care (PC24). RE advised she would need to check the figures. However, feedback from the Urgent Care Division is that qualitatively the process is working well.</p> <p>Action</p> <ul style="list-style-type: none"> • Data in relation to the number of ED attends which are streamed to PC24 to be circulated to the Board of Directors. <p>BEST VALUE CARE</p> <p>RM outlined the Trust's financial position at the end of Q3, highlighting the work of the Financial Recovery Cabinet, submission of adjusted forecast outturn for 2023/2024, capital position, cash management and agency spend.</p> <p>MG queried what the trajectory is for agency spend and what are the key risk factors and mitigations.</p>	<p>RE</p>	<p>07/03/24</p>
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	<p>RS advised the Trust has submitted a plan to achieve 3.7% agency usage by year end. However, the difficulties and uncertainties in relation to industrial action will make this difficult to achieve, also noting the Trust is trying to recover the waiting list challenges. There will be a greater challenge for 2024/2025 as the target is reducing to 3%. However, there are excellent foundations in place in terms of grip and control mechanisms.</p> <p>RM advised the Trust has continued to make progress in relation to agency usage. Through the nursing and medical workstream, the Trust has focussed on the drivers of the variable pay to gain further understanding of them. Within the reporting of agency usage, the Trust is trying to highlight the impact of the elective recovery schemes.</p> <p>MG queried if the full capacity protocol provides capacity in addition to the escalation beds. DS advised this involves staffing areas which are not normally staffed overnight. RE advised, by way of example, the Trust has placed patients in the medical day case unit overnight who are being discharged the next morning.</p> <p>The Board of Directors CONSIDERED the report.</p>		
<p>24/043</p>	<p>BOARD ASSURANCE FRAMEWORK (BAF)</p>		
<p>2 mins</p>	<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 and they are also above their tolerable risk ratings.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework.</p>		
<p>24/044</p>	<p>USE OF THE TRUST SEAL</p>		
<p>1 min</p>	<p>SBS presented the report, advising in accordance with Standing Order 10 and the Scheme of Delegation, which delegates authority for application of the Trust Seal to the directors, the Trust Seal was applied to the following document:</p> <ul style="list-style-type: none"> Seal number 108 was affixed to a document on 4th January 2024 for NHS Property Services Limited. The document related to a Deed of Surrender relating to the Out of Hours Emergency Facility (Byron House) at King's Mill Hospital. <p>The Board of Directors NOTED the use of the Trust Seal number 108.</p>		

24/045	ASSURANCE FROM SUB-COMMITTEES		
14 mins	<p>Audit and Assurance Committee</p> <p>MG presented the report, highlighting Internal Audit progress report, development of Annual Governance Statement and Annual Accounts and the development of the alignment between system level risk management and Trust risk management.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Finance Committee</p> <p>GW presented the report, highlighting the impact of introducing IFRS16 (lease accounting), Electronic Patient Records (EPR) governance, impact of deficit position, Financial Strategy, CT Scanner business case, energy contract and review of BAF PR4 and PR8 (Failure to deliver sustainable reductions in the Trust's impact on climate change).</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Quality Committee</p> <p>MG presented the report, highlighting industrial action, Patient Safety Committee report, HSMR and the new cancer waiting time standard.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>People Committee</p> <p>SB presented the report, highlighting internal audit report into staff wellbeing, violence and aggression action plan, deep dive into the employee relations landscape and cultural heatmap.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Partnerships and Communities Committee</p> <p>MG presented the report, highlighting approval of the Partnerships Strategy.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Charitable Funds Committee</p> <p>ARB presented the report, highlighting consideration given to the frequency of meetings and recommendation to the Corporate Trustee that in the Trust's Accounts it continues to opt for non-consolidation of charitable funds.</p> <p>The Board of Directors were ASSURED by the report.</p>		

24/046	OUTSTANDING SERVICE – VIRTUAL WARDS – GETTING THE CARE YOU NEED, AT HOME		
8 mins	A short video was played highlighting the use of 'Virtual Wards' and noting this is now branded as SFH@Home.		
24/047	COMMUNICATIONS TO WIDER ORGANISATION		
2 mins	<p>The Board of Directors AGREED the following items would be disseminated to the wider organisation:</p> <ul style="list-style-type: none"> • Approval of Partnerships Strategy. • Approval of changes to the Board Assurance Framework (BAF). • Celebrating the work of the volunteers within the Trust. • Promoting the uptake of apprenticeships. • Implementation of SFH@Home. • Additional health checks being undertaken. • Continuing work to encourage colleagues to Speak Up, noting the need for line managers and the organisation to respond in a timely manner to concerns raised. • Operational pressures, noting thanks to colleagues for their work and commitment in the face of current pressures. • 'Good news' stories within the performance indicators. 		
24/048	ANY OTHER BUSINESS		
	No other business was raised.		
24/049	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 7th March 2024 in the Boardroom at King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:10.</p>		
24/050	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>		

24/051	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>		
24/052	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>		