

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on
Thursday 4th April 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
	Andrew Rose-Britton	Non-Executive Director	ARB
	Barbara Brady	Non-Executive Director	BB
	Aly Rashid	Non-Executive Director	AR
	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
	Claire Hinchley	Deputy 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
	John Tansley	Clinical Director for Patient Safety	JT
	Alison Steel	Head of Research and Innovation	AS
	Lauren Brown	Matron	LB
	Sue Bradshaw	Minutes	
	Jess Baxter	Producer for MS Teams Public Broadcast	
	Caroline Kirk	Communications Specialist	

Observers:	Joanne Wright	Divisional General Manager – Medicine Division
	Ian Holden	Public Governor
	Jamie Waller	Notts TV
	2 members of the public	

Apologies: None

Item No.	Item	Action	Date
24/100	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>		
24/101	DECLARATIONS OF INTEREST		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
24/102	APOLOGIES FOR ABSENCE		
1 min	There were no apologies for absence.		
24/103	MINUTES OF THE PREVIOUS MEETING		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 7 th March 2024, the Board of Directors APPROVED the minutes as a true and accurate record.		
24/104	MATTERS ARISING/ACTION LOG		
1 min	<p>The Board of Directors AGREED that actions 24/007, 24/042.1, 24/042.2 and 24/081.2 were complete and could be removed from the action tracker.</p> <p><i>Action 24/081.1</i> – RM advised the NHS England (NHSE) report, outlining the growth in productivity, has been circulated to members of the Board of Directors and will be discussed at the April meeting of the Finance Committee.</p>		
24/105	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 the work of the Trust's volunteers and support from the local community.</p> <p>The Board of Directors were ASSURED by the report.</p>		
24/106	CHIEF EXECUTIVE'S REPORT		
23 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 the high levels of demand within ED, noting the good performance in relation to ambulance handover times and an improvement in ED 4-hour wait performance despite the pressures, Quarter 3 Segmentation review, opening times		

for the Urgent Treatment Centre (UTC) at Newark Hospital, industrial action update, Step Into The NHS event at West Notts College, entry into the pre-election period and the marking of Overseas NHS Workers Day.

AR noted the 10% increase in ED attendances during February and March 2024, compared to the equivalent period in 2023, and queried what work has been undertaken in conjunction with the Integrated Care System (ICS) to identify the drivers for the increase. PR advised discussions have taken place through the A&E Delivery Board and there has been an increased focus on A&E waiting times during March 2024.

RE advised this is an ongoing conversation. A deep dive into ED attendances was presented to the Finance Committee in February 2024 and the report was shared with members of the Board of Directors. Discussions are ongoing in relation to different approaches which can be taken by primary care. In addition, RE advised she is due to meet with the ICS and East Midlands Ambulance Service (EMAS) in relation to the 'drift' of ambulances to the Trust.

AR queried if a formal audit had been completed, looking at cases and identifying patients who should have been seen by primary care, rather than in ED. Noting the ICS is paying for primary care services to be contracted in a certain way, there is a need to ensure that is the right model. RE advised an audit has been completed, but not recently. NEMS are providing the Primary Care (PC24) service at the 'front door' at King's Mill Hospital. Patients do attend ED, who could be dealt with elsewhere, but they are quickly streamed into PC24.

PR advised, for the King's Mill site, the streaming into PC24 ensures the inappropriate presentations that were diverted from primary care, do not reach the ED pathway.

DS advised the Trust has shared service data with the Primary Care Networks (PCNs) and the Primary Care Lead. Nigel Marshall, Adviser to the Medical Director at SFHFT, is undertaking some work looking at the interface between primary and secondary care.

NM referenced the Quarter 3 (Q3) Segmentation Review letter from the Integrated Care Board (ICB), noting in the section about preventing ill health and reducing inequalities, there is an implication the Trust is reducing input into committees and, therefore, not enabling them to undertake system approaches to addressing inequalities. NM sought further information in relation to this.

PR advised this is not recognised by the Trust, noting there may have been instances in Q3 when the Committee met and the Trust was unable to provide a participant. DS advised the Trust has a strong presence on the Health Inequalities Committee and is a substantial component of the Committee.

BB felt the letter from the ICB draws out the different aspects of what will be a difficult year ahead. PR advised there is an opportunity for further discussion at the Board to Board meeting with the ICB in June 2024.

	<p>AH sought further information in relation to the comments in the people section of the ICB letter regarding surveys which have indicated reduced satisfaction with training and potential identification of bullying and harassment concerns. DS advised it is unclear if this refers to the General Medical Council (GMC) survey or a local survey. The Trust has a good record in terms of training and issues relating to bullying and harassment are flagged up. This is a constant focus and there is no evidence there is a problem.</p> <p>PR advised there are some points in the letter which require clarification in terms of data sources. This will be followed up with the ICB, with a request for the data sources to be clarified in the Q4 segmentation letter.</p> <p>Action</p> <ul style="list-style-type: none"> • Data sources in the ICB Quarter 3 Segmentation Review letter to be clarified. <p>CW noted the comment in the Q3 Segmentation letter in relation to progress which is being made in terms of staff in senior leadership roles from a Black and Minority Ethnic (BME) background and felt it would be useful for the Board of Directors, and the wider public, to be sighted on what action is being taken. RS advised a report will be provided to the People Committee, who will then report back to the Board of Directors.</p> <p>Action</p> <ul style="list-style-type: none"> • Report to be provided to the People Committee in relation to the actions being taken to address diversity within the Trust, particularly people in senior leadership roles. <p>NM noted the Trust has good plans in place for periods of strike action, but felt an area of concern is any action which is short of strike action as this may affect overtime, cross-cover, withdrawal of co-operation, etc. NM queried what plans the Trust has in place for this, noting there is a need to think differently.</p> <p>DS advised the Trust is awaiting information from the British Medical Association (BMA) as to what form future industrial action will take. PB advised the principles are similar when planning for any form of industrial action, for example, what activity cannot be continued, what needs to be stepped down, etc. RE reflected the most difficult period of strike action to date was when strike action by the consultants and junior doctors overlapped.</p> <p>AR queried if the costs of industrial action can be costed out in advance. PR advised the level of disruption and impact cannot be determined until it is known what form the industrial action will take. The Trust will look at each rota and how this will be covered. The same process used in previous periods of action will be followed to understand which shifts will be covered appropriately.</p> <p>BB expressed concern in relation to the training implications of continued industrial action.</p>	<p>PR</p> <p>RS</p>	<p>02/05/24</p> <p>06/06/24</p>
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	<p>DS advised the Trust has raised this issue locally and nationally. It was noted competencies are not time based. In addition to the impact on trainees, there will be an impact on specialist surgeons who have lists cancelled.</p> <p>CW expressed concern there is no apparent appetite to address this issue nationally. DS advised it is unclear if the issue is being considered nationally as no information is being fed back to trusts. DS advised he is not aware of any of the Royal Colleges reporting a difference in their pass rate.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>24/107</p>	<p>STRATEGIC PRIORITIES 2023/2024 QUARTER 3 UPDATE</p>		
<p>11 mins</p>	<p>CH presented the report, which provides an update on progress at the end of Quarter 3, noting 17 priorities are on track and six priorities have actions underway to address delivery delays. A final update for 2023/2024 will be provided to the May meeting of the Board of Directors, including a close down of the 2019-2024 Trust Strategy. Not all of the 2023/2024 priorities will be closed by Quarter 4, as some continue to be a priority over multiple years. The approach to strategy delivery for 2024/2025 will be discussed at the Board of Directors workshop on 25th April 2024.</p> <p>NM queried if the objectives which require further work link into the ratings outlined in the ICB Quarter 3 Segmentation Review letter. PR advised there is some crossover. This report details the Trust's priorities for 2023/2024, as agreed at the start of the year. Some of these relate to the delivery of performance objectives and requirements from the planning guidance and others are priorities which were internally deemed to be important. These may also have been nationally reported indicators and, therefore, are picked up in the segmentation letter.</p> <p>ARB noted little progress has been made over the past three quarters in relation to medical workforce transformation and queried what actions are being taken to improve this position. GW noted work towards a sustainable model of urgent and emergency care and work to recover planned care services are also off track.</p> <p>CH advised, in terms of medical workforce transformation, there has been a focussed workstream in place over the past 6 months which is starting to put enabling actions in place which will start to reduce the use of temporary staffing and move towards greater substantive staffing. This is starting to make progress. An Improvement Cabinet has been established which will maintain the focus on this area. This is linked into how fragile services are managed.</p> <p>RE advised the Trust has delivered on the majority of actions set in terms of elective recovery and urgent care. However, progress has been thrown off track by periods of industrial action and the huge growth in demand for emergency care. Therefore, the anticipated outcomes have not come to fruition, despite being on track with the actions taken.</p>		

	<p>MG queried, in terms of working with ICB partners to reduce health inequalities, if the ICB Health Inequalities Investment and Innovation Fund remains paused. PR advised the pause on distributing further funds was for 2023/2024. The fund will continue as originally planned for 2024/2025.</p> <p>MG queried if the fund is available for 2024/2025, are there any agreed proposals for utilising the funding. CH advised the plans which were in place for 2023/2024, which were not funded while the funding was paused, will continue into 2024/2025. However, there will be no new schemes. The Health Inequalities Group will work up the cases for the next funding round.</p> <p>AH sought clarification on the close down process for the Trust's strategic objectives for 2023/2024. CH advised this will be discussed at the Board of Directors workshop on 25th April 2024. Work is underway to determine how the priorities from 2023/2024, which need to continue, will link into 2024/2025.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>24/108</p>	<p>STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME</p>		
<p>32 mins</p>	<p>PS joined the meeting.</p> <p>Maternity Update</p> <p>Safety Champions update</p> <p>PB presented the report, highlighting the reintroduction of enabling birthing partners to stay overnight on the unit, introduction of the CardMedic translator app, NHS Resolution (NHSR) submission and the Saving Babies Lives Care Bundle. PS highlighted the Score Survey and Staff Survey.</p> <p>BB queried what feedback has been received from patients using the CardMedic translator app. PS advised patient feedback is being collated. Feedback from staff is that the app provides a rapid translation service. The app is not replacing face to face translation for planned appointments, but is a very useful tool in instances of unplanned activity. The app is very easy to use and the Trust is exploring if the app could be rolled out into different areas.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>Maternity Perinatal Quality Surveillance</p> <p>PB presented the report, highlighting staffing and a reduction in massive obstetric haemorrhage.</p> <p>NM noted the upward trend in the number of maternity incidents resulting in low or no harm and queried if this was an area of concern. PS advised the Trust has a robust method in place for incidents to be reviewed. The increased number of incidents is partly due to increased activity. There has been no increase in moderate harm. Examples of incidents resulting in low or no harm are cases where additional</p>		

treatment was required or there was some area of learning. If an increase in the number of incidents resulting in moderate harm, or higher, became evident, a deep dive would be undertaken.

PB advised the Trust is encouraging staff to report incidents, noting over the last two months there has been an increase in people reporting increased activity or staffing gaps. This helps to identify the mitigating actions which were taken, which in turn demonstrates to staff they have been listened to.

NM queried, if the increase is due to better reporting, were incidents happening previously which were not reported. PB acknowledged there is a tendency to under-report across all areas. There is a need to ensure any issues are not normalised. PS advised there is a drive within maternity to provide feedback to staff and there are clear reporting mechanisms in place to enable this. PS advised she was confident the 'right things' are being reported and there is good staff engagement. Reporting of incidents enables any themes and trends to be identified, alongside service user feedback and staff feedback from surveys. This helps to identify areas requiring improvement.

SB queried what the wait time is for an emergency caesarean section. PS advised there is a national standard for caesarean sections and they are categorised from 1-4, with Category 1 being within 30 minutes from the decision to deliver to the baby being born and Category 4 being elective caesarean sections. For reporting purposes the focus is on Categories 1-3. Any caesarean section which is performed outside of the timeframes is reported on Datix and the Trust puts all Category 1 caesarean sections on Datix to ensure monitoring of the time thresholds. PS advised she could recall two cases which were slightly out of timeframe, but this was by minutes due to the complexity of the case. There was no extended delay to delivery.

AR noted third and fourth degree tears had increased in month and queried what action was being taken to address this. PS advised monthly reviews are undertaken and cases are reported on Datix. Consideration is given to the mode of birth, any ongoing complications, etc. All the patients have been reviewed and there was no or low harm. All the women are followed up by the Physiotherapy Service and there is ongoing care built in. If any concerns are identified in the future, the case would be revisited. Tears are a known outcome of obstetric care.

CW queried if cases could be tracked over a period of time to provide assurance there are no long term issues. PS advised these women are also followed up by a neuro gynaecology obstetrician. Methods of performing an audit of ongoing appointments could be considered.

PR queried if any harm identified through ongoing outpatients appointments would be recorded on the maternity incidents section of the Maternity Perinatal Quality Surveillance Scorecard. PS advised it would be raised as a new incident within the Gynaecology Service, rather than being reported as a maternity incident.

	<p>Action</p> <ul style="list-style-type: none"> • Method for tracking cases of third and fourth degree tears for any ongoing harm to be developed. <p>BB queried if an evaluation of the impact made by the establishment of the Lower Pelvic Floor Team has been completed. PS advised the Team has only just taken up post. PB advised the Team will report into the Maternity Assurance Committee once established. A report can be provided to the Quality Committee in approximately 4 months when data is available.</p> <p>Action</p> <ul style="list-style-type: none"> • Report to be provided to the Quality Committee in relation to the work of the Lower Pelvic Floor Team, particularly the impact of their work on third and fourth degree tears. <p>SB noted the maternity updates provided the Board of Directors with a deep dive into one area of the Trust's activity and queried if similar assurance relating to other services was provided to the Quality Committee. CW advised there has been a national focus on maternity services, resulting in the requirement for the Board of Directors to be sighted on the performance of the Maternity Service.</p> <p>PB advised it is a statutory requirement for updates on the Maternity Service to be provided directly to the Board of Directors. The Quality Committee workplan will be reviewed to ensure assurance is provided on other key areas.</p> <p>Action</p> <ul style="list-style-type: none"> • Quality Committee workplan to be reviewed to ensure appropriate assurance is provided on key services. <p>ARB noted the increasing activity levels and queried if the 'tipping point' is being reached in terms of resources being stretched too far. PS advised this is under constant review. The Birthrate Plus tool is aligned to the Trust's staffing model and the Trust is over-recruiting to posts due to a significant amount of maternity leave in maternity and neonatal services. Postcode data is being monitored. The Trust does still have capacity. However, an area of concern is when the Trust recently had a suspension of service, no other units were able to provide support. Therefore, there is a need to create a sustainable model at SFHFT.</p> <p>BB noted the Trust is currently at 80% of interventions implemented for Element 1 (Smoking) of Version 3 of the Saving Babies Lives Care Bundle. Noting the good work the Trust has undertaken in relation to smoking cessation, BB felt this figure would be higher. PS advised the requirement is to be over 70% compliant. Each month the Local Maternity and Neonatal System (LMNS) undertake an assessment of the Trust. The difficulty relates to the reporting of smoking. Therefore, this does not relate to the work the Trust is undertaking, but relates to the national standards for reporting, monitoring and how the data is collated.</p>	<p>PB</p> <p>PB</p> <p>PB</p>	<p>02/05/24</p> <p>01/08/24</p> <p>06/06/24</p>
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<p>31 mins</p>	<p>NM noted the Trust is currently over-recruiting, based on a high absence rate within the Maternity Service, and queried what the expected acceptable absence rate is. PS acknowledged the rate of maternity leave is currently higher than expected. There is a need to consider the workforce profile of the service, which is currently an all female workforce and 65% of the workforce are aged under 30. Therefore, this leads to a higher likelihood of staff taking maternity leave. The Trust standard is a 0.5% uplift in the establishment figures for maternity leave, but there is a need to consider the workforce profile. This will be an ongoing challenge and while the interim steps are in place, there is a need to consider how this is managed in the longer term.</p> <p>NM sought clarification on what percentage of the absence is due to maternity leave and what is due to other reasons. PS advised the majority of absence is due to maternity leave. Shorter term sickness is managed through the use of bank staff. In terms of managing and helping to prevent longer term absences, pastoral support is in place and the Team has open access to clinical psychologists, noting maternity is a difficult area to work in.</p> <p>CW queried the use of the word 'ambition' when referring to the stillbirth rate. PS advised this relates to the national stance of reducing stillbirths and neonatal deaths by 2025 and is demonstrating the Trust is currently below the national threshold.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>PS left the meeting.</p> <p>Learning from Deaths</p> <p>JT joined the meeting</p> <p>DS presented the report, highlighting Summary Hospital-Level Mortality Indicator (SHMI), Hospital Standardised Mortality Ratio (HSMR), key clinical review into fractured neck of femur, 'surrogate' markers of improvement in relation to documentation and coding, the work of the Medical Examiner, Structured Judgement Review (SJR) process, Learning Disabilities Mortality Review (LeDeR) data, learning from coronial processes, increase in coronial work and changes to some coding by Dr Foster.</p> <p>SB sought clarification in relation to the process for cases being referred to the Coroner and queried if all cases referred to the Coroner result in an inquest, noting there were approximately 130 coronial matters in 2023.</p> <p>DS advised there are some deaths which have to be referred to the Coroner, for example, deaths resulting from trauma, industrial related disease, etc. In addition, if a clinician has any concerns about a case, these can be referred to the Coroner. Medical examiners will also make referrals to the Coroner, particularly if any concerns are raised by the family.</p>		
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SB queried if the reason for the increase in coronial matters is known. DS advised this may be due to a number of factors, noting the appointment of a new Coroner in 2011, change to the coronial law system in 2013 and appointment of medical examiners in 2019/2020. This information has been shared with the Coroner, who has expressed the view the current caseload is what she should be seeing, noting this was not the case previously.

MG noted the Trust has been issued with a Regulation 28 (Prevention of Future Deaths) Order, following a referral to the Coroner, and sought further information in relation to this. DS advised this is the legal Order by which the Trust has to answer any queries raised by the Coroner. There are usually a small number of specific points raised. The case referenced in the report relates to a patient who had Necrotising Fasciitis, which is a rare and difficult to diagnose condition. There were two questions raised, relating to developing and embedding Trust-wide Necrotising Fasciitis guidelines and mechanisms for 'sieving' medical facts and directing them to clinicians.

NM noted the HSMR position is gradually improving and queried how this could be accelerated. DS advised HSMR is a rolling 12-month trend and, therefore, it will take some time to work through. However, there has been an improvement in four out of the past six months.

NM queried what positive actions have been taken over the past four months which have led to the improved position, and what additional actions can be taken to improve this position further.

JT advised, given the current method for calculating HSMR, it is never going to be 100, unless the way palliative care services operate within the ICB are significantly changed. The Trust is making good progress in the areas which it can control, for example, the quality of the documentation. It was noted there is a complicated algorithm, with many factors, which produces the figures. There are strict rules relating to the coding of palliative care and a specialist palliative care doctor has to be involved in the patient's care in order to use this coding. The number of specialist palliative care doctors is limited. There are no concerns about the quality of end of life care, but it cannot be coded as such. The evidence from the SHMI is that deaths are within the as expected range.

BB noted one of the variables in the algorithm relates to the fact the Trust serves a community with high levels of multiple deprivation and queried if using the index of multiple deprivation, instead of comorbidities coding, would resolve some of the issues. DS advised this is what Dr Foster are changing.

BB queried if Dr Foster, or whichever provider is used going forward to provide the data, will look back and recalculate the figures based on the new algorithm so the Trust can see an accurate trend based on the current understanding of the variables.

DS advised there are risks associated with changing the supplier of the data, as it will change the figures. It is not clear what the revised algorithm from Dr Foster will generate.

	<p>JT advised the procurement process is ongoing. The requirement to undertake a 'look back' can be added to the specification in order to generate accurate trend data.</p> <p>AH advised there is a clear relationship within the Trust between comorbidity coding and the HSMR, as measured by Dr Foster. AH noted the two coronial cases referenced in the report and queried if they were flagged up by the SJR process or the Medical Examiner and, if so, was the Quality Committee sighted on those cases.</p> <p>JT confirmed the paediatric case was reported to the Quality Committee. It was noted the coronial process lags significantly behind the Trust's internal process, hence actions being in place for both of these cases before the coronial process concluded. DS confirmed he had had brought both of these cases to the attention of the Board of Directors.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>JT left the meeting.</p>		
<p>24/109</p>	<p>STRATEGIC OBJECTIVE 2 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE</p>		
<p>9 mins</p>	<p>Staff Survey</p> <p>RS presented the report, highlighting response rate, performance in relation to the People Promise themes, regional and national benchmarking, next steps and support available to leaders. RS advised actions and progress will be tracked through the People Committee.</p> <p>SB confirmed the Staff Survey results and next steps have been discussed by the People Committee. There are some consistent themes which need to be an area of focus.</p> <p>AH left the meeting.</p> <p>ARB queried if there were any 'hotspots' within the organisation in terms of people who had not completed the survey. RS advised this is part of the ongoing analysis which is underway, which is also considering the correlation between the survey being received in paper or electronic format, staff groups, etc. Early indications are there was a better response rate where staff received the survey as a hard copy. This might be an area of learning to take forward for the next survey.</p> <p>GW noted staff experiencing physical violence is acknowledged, but felt emotional violence should also be noted. GW felt actions relating to leadership should be higher up the list of next steps being taken.</p> <p>BB queried how the results of the staff survey triangulate with information available from other sources. RS advised a heatmap is being developed, which will capture this triangulation. This will be discussed at June meeting of the People Committee.</p> <p>The Board of Directors were ASSURED by the report.</p>		

24/110	STRATEGIC OBJECTIVE 4 – CONTINUOUSLY LEARN AND IMPROVE		
24 mins	<p>AS joined the meeting.</p> <p>Research Strategy – Annual Report</p> <p>AS presented the report, highlighting recruitment, commercial research activity, finance, patient experience and progress against objectives, particularly the issues in relation to securing space for a Clinical Research Facility.</p> <p>GW felt it important to secure accommodation for the Clinical Research Facility as soon as possible. GW noted the expressions of interest (EOIs) which have to be submitted in relation to commercial research and felt it may be useful to approach a trust which has been successful in securing commercial work to critique SFHFT's EOIs. AS advised there has been an independent review of the Trust's EOIs by Chesterfield Royal Hospital and Northampton General Hospital, but acknowledged it may be useful to look at their EOIs.</p> <p>GW queried if there are any opportunities to work jointly with Chesterfield Royal Hospital. AS advised there has previously been a joint post between SFHFT and Chesterfield Royal Hospital in relation to midwifery research.</p> <p>RM advised the development of the new Clinical Research Facility was approved by the Finance Committee in December 2023. However, this has not progressed for several reasons. A different space has been identified. Noting the Board of Directors has committed to developing the Clinical Research Facility, AS should attend the space utilisation meeting on 7th April 2024 with the backing of the Board of Directors.</p> <p>MG sought assurance in relation to how research studies are selected in order to provide benefits for the Trust's patients and the local population. AS acknowledged impact on the local population of the research activities the Trust participates in is not always evident. However, the Trust is part of the ICS Research Partners Group and, therefore, research at the Trust is not standalone. Work is ongoing to look at how research is delivered across the system, part of which is looking at what patients see as important and then supporting people to develop studies.</p> <p>DS advised the Trust was significantly involved in Covid platform trials, which made a huge impact.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>AS left the meeting</p>		
24/111	PATIENT STORY – THE COMMUNITY DIAGNOSTIC CENTRE – REDUCING WAITING TIMES FOR PATIENTS		
10 mins	<p>LB joined the meeting.</p> <p>LB presented the Patient Story, which highlighted the services currently being offered at The Community Diagnostic Centre (CDC).</p>		

	<p>CW queried how the Trust is ensuring the services being offered by the CDC are communicated to primary care, particularly GPs. LB advised she is working with the Communications Team to ensure the Trust keeps in contact with local partners, posters are displayed in GP surgeries, etc. Accelerated activity is also being offered at Newark Hospital, which has been very well received.</p> <p>BB queried how the Trust can ensure GPs do not stop providing their own in-house service and refer all patients to the CDC. LB advised this was already happening, noting at busy times there were queues within Clinic 3 at King's Mill Hospital. The Trust has tried to address this by offering an appointment system, alongside the walk-in offer, and working with GP practices to ensure they are seeing their patients where possible.</p> <p>LB left the meeting.</p>		
<p>24/112</p>	<p>CLINICAL SERVICES STRATEGY</p>		
<p>15 mins</p>	<p>DS presented the report, advising this is the first Clinical Services Strategy developed by the Trust. DS advised he was pleased with the messages and direction contained within the Strategy. The Strategy will lead to the Trust being more 'forward facing' and considering pathways not specialities, systems not organisations, the roll of the Trust in the community, health inequalities and innovation. Progress against the Strategy will be monitored and tracked via the Quality Committee.</p> <p>CH advised the development of the Strategy had been clinically driven. The Strategy will be owned by the Quality Committee. It is important to ensure all the sub-strategies link together.</p> <p>ARB queried who the Strategy will be promoted to. DS advised the overall Trust Strategy is for everyone and the Clinical Services Strategy is primarily for internal colleagues. This will be used as a sub-strategy to drive the change required to deliver the overall strategy. However, the Clinical Services Strategy will be shared with partners, particularly primary care colleagues.</p> <p>GW expressed the view it is unclear what the Strategy will deliver, what difference it will make and how success will be measured. NM felt the sub-strategies should contain the measurables, but felt this Strategy is more descriptive of the actions the Trust will take, rather than including the measures of success. DS advised this is how the Strategy had been designed, acknowledging there is more work to do in terms of dovetailing with other strategies.</p> <p>NM queried how updates on all strategies will be reported to the Board of Directors in a tangible way. CH advised this will be discussed at the Board of Directors workshop on 25th April 2024.</p> <p>BB felt the Strategy sets the direction of travel, noting the messages in relation to working outside of hospital walls.</p>		

	<p>MG felt the Strategy is a good document and sought assurance it will be deliverable. It is good to see the co-production. The Strategy sets the foundation, with the next step being to take evidence of need and developing that into tangible deliverables. DS advised engagement and co-production is the key to success.</p> <p>AH re-joined the meeting.</p> <p>PR advised this Strategy is a good starting point, and articulates the guiding principles and how, from a clinical services perspective, the overall Trust strategy will be delivered. PR acknowledged there is more work to do in terms of understanding the detail. The Strategy sets the tone internally for clinical services, but also demonstrates to external partners what the Trust's future direction is. The interface between primary and secondary care needs to be more effective and this Strategy will lead to conversations in relation to what the Trust expects collaboration to 'look like'.</p> <p>MG queried if the Trust has had sight of the ICS Clinical Strategy. DS advised there is no ICS Clinical Services Strategy in Nottinghamshire.</p> <p>The Board of Directors APPROVED the Clinical Services Strategy.</p>		
24/113	ANNUAL SIGN OFF OF DECLARATIONS OF INTEREST		
7 min	<p>SBS presented the report, advising Declaration of Interests is an annual requirement and the report reflects the work done during 2023/2024. The conflicts of interest register will be published on the Trust website and will include details of people who have registered an interest, people who have made nil declarations and details of people who are non-compliant.</p> <p>For 2023/2024 51 people are non-compliant, of 1,137 staff who are required to declare an interest. SBS highlighted the actions being taken to improve the position through 2024/2025, noting the requirement for Declarations of Interest to be completed by colleagues each year.</p> <p>MG advised the Audit and Assurance Committee monitors compliance with Declarations of Interest throughout the year. The Committee have asked for the single tender waiver template to be amended to identify any potential conflict of interest and for work to be undertaken to identify any other processes where there is potential for a conflict of interest.</p> <p>The Board of Directors APPROVED the annual Declarations of Interest report.</p>		
24/114	ASSURANCE FROM SUB-COMMITTEES		
23 mins	<p>Audit and Assurance Committee</p> <p>MG presented the report, highlighting single tender waivers and outstanding internal audit actions.</p> <p>The Board of Directors were ASSURED by the report.</p>		

	<p>Finance Committee</p> <p>GW presented the report, highlighting review of Board Assurance Framework (BAF) Principal Risk 8 (PR8 - Sustainable use of resources and estates), Month 11 financial position, risks in relation to income, capital expenditure, deep dive into the Financial Improvement Programme (FIP) and draft Financial Strategy.</p> <p>RM advised the CDC funding of £5.5M for 2023/2024 is unlikely to be received and, therefore, this will need to be reflected in the Month 12 accounts. The issue relating to the Derbyshire contract remains under negotiation at ICB level.</p> <p>DS queried if there is an opportunity to review the FIP process at an earlier time. GW advised work has been ongoing, but a deep dive has now been requested to help achieve something which is sustainable and deliverable. The deep dive will include an in depth look at the Trust's workforce. FIP should be an ongoing, rolling programme.</p> <p>ARB queried if there had been any response from the ICB in respect of funding for the CDC. RM advised this issue would affect the final financial outturn for SFHFT and Nottingham University Hospitals (NUH). It is disappointing the funding is not forthcoming, noting this is capacity the Trust has had in place for the benefit of patients in Nottinghamshire.</p> <p>CW acknowledged the capacity has been a benefit to patients. However, the Trust was expected to deliver the early benefits as a condition of bringing the CDC forward. The Trust took a financial risk putting the capacity in place and the funding has not been received. GW advised this issue has been flagged up and verbal assurance had been received, although nothing was received in writing.</p> <p>CW felt there is a wider challenge to reflect back to NHSE in terms of if there is a request to bring something forward which involves the Trust taking a financial risk, this needs to be followed through.</p> <p>Action</p> <ul style="list-style-type: none"> • The views of the Board of Directors in relation to the CDC funding issues to be fed back to NHSE. <p>The Board of Directors were ASSURED by the report.</p> <p>Quality Committee</p> <p>AR presented the report, highlighting Integrated Performance Report (IPR) timely care update, Patient Safety Incident Response Framework (PSIRF) report and review of BAF PR1, PR2 and PR5.</p> <p>The Board of Directors were ASSURED by the report.</p> <p>People Committee</p> <p>SB presented the report, highlighting Staff Survey, Violence and Aggression Improvement Plan, Gender Pay Gap report and review of BAF PR3.</p>	<p>PR</p>	<p>02/05/24</p>
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	<p>MG queried if any work is underway in relation to the global competitiveness of recruitment. RS advised approaches to recruitment and retention is an item on the work plan for the People Committee. RS acknowledged there are ongoing external factors and it is a very competitive market. There is a need to utilise the Staff Survey as a principle of attraction. Recruitment to consultant roles over the past 12 months has been an improvement on previous years. CW felt it would be useful for data on retention rates to be reported, particularly international staff.</p> <p>SB advised the Committee received a report in relation to information obtained via exit interviews and also conversations with staff who were thinking of leaving the organisation. RS advised the Trust has secured national funding to support some of the People Promise exemplar work.</p> <p>PB advised the bi-annual staffing report was presented to the People Committee, which prompted a discussion in relation to retention of international staff.</p> <p>AR queried if the Trust could use its foundation trust status to insist newly recruited staff, particularly overseas recruits, remain with the Trust for a certain period of time. RS advised he would need to look into this carefully.</p> <p>Action</p> <ul style="list-style-type: none"> • Clarify if the Trust can use its foundation trust status to insist newly recruited staff, particularly overseas recruits, remain with the Trust for a certain period of time. <p>The Board of Directors were ASSURED by the report.</p>	RS	02/02/24
24/115	OUTSTANDING SERVICE – MATERNITY SERVICES - WELCOMING PARTNERS AND SUPPORTERS TO STAY OVERNIGHT		
4 mins	A short video was played highlighting the provision for partners and supporters to stay overnight in the Maternity Unit.		
24/116	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"> • Staff Survey results. • Development and success of research activity. • Development of the Community Diagnostic Centre and the impact on waiting times this will provide. • Approval of Clinical Services Strategy. • Requirement to complete annual Declaration of Interests. • Initiative to allow birthing partners to stay on the unit overnight. 		
24/117	ANY OTHER BUSINESS		
	No other business was raised.		

24/118	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED the next Board of Directors meeting in Public would be held on 2nd May 2024 in the Boardroom at King's Mill Hospital.</p> <p>There being no further business the Chair declared the meeting closed at 12:30</p>		
24/119	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>		

24/120	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>		
24/121	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>		