

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 26th April 2018 in the Boardroom, King's Mill Hospital

Present:	John MacDonald	Chairman	JM
	Neal Gossage	Non – Executive Director	NG
	Tim Reddish	Non – Executive Director	TR
	Graham Ward	Non – Executive Director	GW
	Claire Ward	Non – Executive Director	CW
	Barbara Brady	Specialist Advisor to the Board	BB
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer	PR
	Simon Barton	Chief Operating Officer	SBa
	Dr Andy Haynes	Medical Director & Deputy Chief Executive	AH
	Julie Bacon	Executive Director of HR & OD	JB
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW
	Paul Moore	Director of Governance & Quality Improvement	PM
	Suzanne Banks	Chief Nurse	SB
	Kerry Beadling-Barron	Head of Communications	KB

In Attendance:	Joanne Smith	Minutes	
	Bala Srinivasan	Consultant Ophthalmologist	BS
	Anthony Rosevear	Assistant Chief Operating Officer	AR
	Stephanie Anstess	Tissue Viability Nurse Consultant	SA
	Matt Frederick	Clinical Lead Orthotist	MF
	Tyler Lanton	Orthotic Tehcnician	TL
	Jaqueline Taylor	Director of NHIS	JT

Observers:	Yin Naing	CQC Regional Inspection Manager	YN
	Coral Peczek	CQC Inspector	CP
	Keith Wallace	Governor	KW
	Sue Holmes	Governor	SH
	Angie Emmitt	Governor	AE

Apologies: Shirley Higginbotham Head of Corporate Affairs & Company Secretary

Item No.	Item	Action	Date
16/782	WELCOME		
2 min	<p>The meeting being quorate, JM declared the meeting open at 09.00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.</p> <p>The Chair requested the Board of Directors observe a minutes silence in memory of Ray Dawson – Non-Executive Director who sadly passed away on 14th April 2018.</p>		
16/783	DECLARATIONS OF INTEREST		
2 min	JM declared his position as Chair of the Mid-Nottinghamshire Better Together Board.		
16/784	APOLOGIES FOR ABSENCE		
1 min	Apologies were received from Shirley Higginbotham - Head of Corporate Affairs & Company Secretary.		
16/785	MINUTES OF THE PREVIOUS MEETING		
2 min	Following a review of the minutes of the Board of Directors in Public held on 29 th March 2018, the Board of Directors APPROVED the minutes as a true and accurate record.		
16/786	MATTERS ARISING/ACTION LOG		
5 mins	<p>The Board of Directors AGREED that actions 16/633.1, 16/688, 16/689.1, 16/689.2, 16/691, 16/751.1, 16/756.1, 16/758.1, 16/758.2, 16/758.3, 16/690.5, 16/722.1 and 16/767 were complete and could be removed from the action tracker.</p> <p>Action 16/635.4 – AH advised that the next meeting of the Strategic Partnership Forum (SPF) was scheduled for June. AH suggested a discussion be held at the Executive Team meeting regarding the context of the SPF and the Acute Services Strategy. Update to be provided to the Board of Directors 31st May 2018.</p> <p>Action 16/660 – PM confirmed that the themes from the quarterly Guardians Report will be reported to the Quality Committee on 16/05/18. This action is complete and can be removed from the action tracker.</p> <p>Actions 16/753.1, 16/753.2 and 16/755 will be included in discussions in the Board Workshop and can be removed from the action tracker.</p>		
16/787	CHAIR'S REPORT		
7 mins	JM presented the report advising that at the Midland and East's Chair's meeting on 25 th April, the new Chair of NHSI discussed a greater working calibration between NHSI and NHSE.		

	<p>Whilst this is welcomed, JM felt that the cultural and agenda differences between NHSI and NHSE are significant and it is important to be realistic of the pace and extent in which this will happen. The move to seven regions will be very useful as will one Regional Director. How they link back to the boards of the two different organisations is still being considered. JM reiterated that whilst this is something to be welcomed it is important to be realistic as to the pace and extent of changes.</p> <p>JM advised that the Long Service Awards were held in April whereby one member of staff was recognised for having worked for SFHFT for 45 years. JM felt this was testament to the loyalty of staff.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>16/788</p>	<p>CHIEF EXECUTIVE'S REPORT</p>		
<p>8 mins</p>	<p>RM stated that Ray Dawson was a kind and supportive man and is missed greatly. Thoughts are with his family at this difficult time.</p> <p>RM presented the report advising that overall performance is good and well balanced with the Trust's aspirations. Results from the staff engagement pulse survey for Q4 are very encouraging. RM felt that the quality agenda is well recognised and understood within the organisation.</p> <p>RM advised that the Finance Committee in their meeting of 24th April 2018, recognised the work of the Finance Team and that of the wider organisation in delivering the Trust's financial plan in 2017/2018 and in establishing a good plan for 2018/2019.</p> <p>RM advised that some areas of access remain very strong and felt that the work around cancer is promising although further work in the domains of emergency care and elective care is required. The in balance between demand and capacity in emergency care is evident and there is clear recognition that a capacity plan is required quickly. The capacity plan will also help the Trust through Winter 2018/2019. Whilst the care that patients received on the emergency care pathway last winter was safe, not all patients received timely care and this position is not one to be replicated.</p> <p>RM advised that none of the risk rating scores of the principle risks had changed over the previous month but a detailed discussions regarding financial sustainability were held at the Risk Committee and at the Finance Committee.</p> <p>The three key risks facing the Trust are financial sustainability, managing emergency demand and staffing, RM advised that these risks are closely linked. SFHFT are struggling with these three items as are the wider NHS and social care sector. RM felt that this reiterates the requirement for a clear capacity plan. NHS Providers expressed their view of the future and the requirement for more cash to come into the NHS in a recent briefing and also identified the three key issues as financial sustainability, incessant demand and challenges with staffing.</p>		

	<p>RM recognised the recent CQC visit and expressed gratitude to Yin and colleagues for their time prior to the visit and to staff and volunteers in the preparation for and the management of the visit. Initial feedback was received last week and was in general very positive.</p> <p>The CQC's initial response was received on 20th April 2018 and highlighted areas for improvement, all of which SFHFT agree with. A formal response will be issued on 27th April 2018. RM advised that no specific safety concerns were identified during the visit.</p> <p>The next stage is an unannounced, or series of unannounced visits that will be conducted by mid-May. A Use of Resources (UoR) assessment will be conducted on 9th May with NHSI followed by a Well Led assessment that will be taking place mid-May. The draft report is expected mid-June.</p> <p>RM stated that the work with regards to emergency and elective care and the timeliness of it is a key organisational focus and the need for a clear capacity plan is apparent. The Better Together Alliance is also focussing on a capacity plan. RM felt it important to improve the Trust's position going into winter 2018.</p> <p>The Board of Directors were ASSURED by the report</p>		
16/789	SHERWOOD FOREST HOSPITALS – FORWARD VIEW		
11 mins	<p>RM presented report the to the Board of Directors for formal recognition advising that the Two Year Forward View had been updated and re-launched. The report shows a balance of achievements over the last two years, particularly within research which RM considered to be a very strong programme for the Trust. The report also identified areas for improvement. It is the overall strategy that ties into many other strategies within the organisaiton.</p> <p>Progress on the five key areas of focus will be reported to the Board of Directors quarterly, the first of which will be 26th July 2018.</p> <p>JM stated that from next month, the format of the performance report will be changing to a shorter monthly report and a more in depth quarterly report.</p> <p>The Board of Directors were ASSURED by the report.</p>		
16/790	STRATEGIC PRIORITY 5 – TO PLAY A LEADING ROLE IN TRANSFORMING LOCAL HEALTH AND CARE SERVICES		
16 mins	<p>Mid-Notts Better Together - Forward View</p> <p>RM presented the report advising that the update will be presented to all partners Boards in April 2018. The aim of the report is to provide an update of the achievements of the Better Together Alliance and of the forward focus.</p> <p>One of the key messages that runs throughout the report is that success as an organisation, both in terms of financial viability, quality of care and aspects of safety and access.</p>		

	<p>This is closely tied into how successfully this Trust works with partners across mid-Nottinghamshire and beyond. The document ties SFHFT into the work that is being done with Commissioners, other providers, social care and other partners.</p> <p>The narrative shows that improvements have been made that can be identified but over the coming years there are more improvements to make. The structure for these improvements are in three key areas in terms of emergency care which are working with partners to ensure that patients are supported to stay well and live independently, only admitting patients if acute intervention is required and then to care for them in a timely manner and finally discharge management, ensuring that when patients are medically fit for discharge they are being transferred safely and timely into a non-acute setting. These are applicable for the work across the Mid-Nottinghamshire Better Together Alliance.</p> <p>A key finding of the report is the unwarranted variation and therefore improvements are not just linked to money, there is also a need to improve the safety and patient experience within and outside the hospital and access agenda. Also key is capacity planning for 2018 and beyond and ensuring there are clear rules of engagement and understanding and ensuring capacity for emergency patients and elective patients and length of stays. RM stated that the Mid-Nottinghamshire Better Together Alliance is the delivery unit, one of the two delivery units for the Integrated Care System (ICS) or Strategic Transformational Partnership (STP). Progress has been made in the past couple of years but this is undeniably a key focus for this organisation in the future.</p> <p>NG requested sight of how aspirational objectives are linked and the specific actions being taken to achieve them with timelines to deliver the objectives. RM advised that the report being presented was a high level update. The level of detail that NG has requested is at workstream level and can be shared with colleagues along with an update on of the 2 year Forward View on a six monthly basis. An update on the work of the Mid-Nottinghamshire Better Together Alliance will also be provided on a six monthly basis.</p> <p>JM advised that the membership of the statutory Board will be changed and clinical input, clinical leadership and patient engagement will be strengthened. There has been a lot of work over the last few months to develop this in a way that can drive transformation and a three year work programme has been implemented with detailed annual programmes but the transformation needs to be made visible.</p> <p>AH advised that a clinical cabinet exists and the group have met twice. There is genuine recognition that it has to be clinically led. The first meeting of the Transformation Board was held on 25th April 2018 and it was clear that its purpose is to deliver solutions and not to describe problems. Finance has to be tracked similar to how it is tracked internally through the Financial Improvement Programme (FIP) programme. AH felt that this needs to be done across the system and will mean measuring activity differently. Each of the workstream Boards have an agreed constitution and have already met. AH felt it important to be clear of the programme for the next 12 months but also beyond.</p>		
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	<p>At present Healthy Living is waiting to start and won't deliver immediately, other programmes are already delivering significantly. AH felt that this is better for patients and for quality and ensures the maximum use of resource. Clinicians very heavily involved in the workstreams.</p> <p>TR stated that the general perception of the STP is that it is all about saving money and felt it important to engage with staff appropriately. RM stated that one of the concerns nationally is the perception of the STP being about money. Internally there is a clear narrative that staff understand and staff are aware that money is one of the three focusses of the STP.</p> <p>GW felt that the program had progressed and enquired if the other providers were displaying real commitment with regards to engagement and involvement. JM felt that all providers are aware that they are need to engage. Ambulance cover 16 different areas and the CEO attends the Board. Primary care is another area changing and JM felt the importance given to the development of the hubs has helped with this. RM stated that now there is a shared control total so everyone will have to work together.</p> <p>BB stated that the greater clinical engagement was medically dominated and enquired how that engagement will cover the breadth of clinical representation in order to make the cultural shift. AH stated that at ICS level, the clinical reference group is broad and includes all clinicians but at present it was felt that medics, particularly GP's, are key enablers to commence the change. As this begins to progress, discussions of how to bring in other clinical staff will be held. AH stated that it will be dynamic and there is no intention to just have medical engagement.</p> <p>BB offered her support regarding the Healthy Living workstream as this is an area of particular expertise.</p> <p>The Board of Directors APPROVED the restructure and approach and SUPPORTED the change in membership of the overarching governance Board of the Better Together Board.</p> <p>JM summarised that there is an inherent need to clarify how the system discharges its responsibilities as a non-statutory organisation and how SFHFT's Board continues to discharges its statutory responsibilities. JM proposed the Chair of the Audit and Assurance Committee liaise with RM and the Chair of the Finance Committee liaise with PR to obtain assurance.</p> <p>JM stated that the strategy will be reviewed in Autumn and felt it important that it is within this context.</p> <p>JM was keen that the Governance Committee and Better Together Board are seen as a single source of system assurance by all organisations and welcomed support of how system level assurance is going to be developed and provided to all organisation. JM felt this was important in terms of links into Governors.</p>		
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	<p>Actions:</p> <ul style="list-style-type: none"> <i>A more detailed report of the 2 Year Forward View to show milestones to be presented to the Board of Directors.</i> <i>Board workplan to be updated to include the 2 Year Forward View Update on a six monthly basis.</i> <i>Board workplan to be updated to include a Mid-Nottinghamshire Alliance Update on a six monthly basis.</i> <i>GW to consider how best to link with Governors regarding system level assurance.</i> 	<p>RM</p> <p>SH</p> <p>SH</p> <p>GW</p>	<p>TBC</p> <p>31/05/18</p> <p>31/05/18</p> <p>TBC</p>
<p>16/791</p>	<p>STRATEGY UPDATES</p>		
<p>12 mins</p>	<p>Newark Strategy Update</p> <p>PW presented the Q4 Newark Strategy quarterly update advising that work continues in urgent care with NEMS and other Better Together Alliance partners about closer integration of primary and secondary care in the Urgent Care Centre at Newark. Opportunities are being explored as to how best to utilise the hospitals bed stock as part of a system resource to facilitate step down sub-acute care, rehabilitation and enablement.</p> <p>PW advised that the focus of the report is the planned care component of the service offering at Newark. Planned care is a significant source of income to the organisation and should be provided cost effectively. This along with increasing market share, should enable Newark to become more cost effective.</p> <p>In respect of planned care delivery, there was more activity last year than there has been this year, however in the last quarter by comparison to last year, there has been some reduction in the planned care delivered at Newark. The CCG have introduced triage systems that are specific to orthopaedics and ophthalmology and appear to be diverting some activities away from specialties at Newark. Outpatient clinic activity and space utilisation around outpatients is indicated as being high, this is another contributing factor operationally. PW felt it important to ensure there are appropriate activities in order to sustain the outpatient offer as well as planned care and the diagnostic components.</p> <p>12 GP practices have been targeted with a view to influencing them to choose Newark Hospital, this has increased the market share by 3%. This increase includes a proportion gained from the independent sector.</p> <p>There is significantly more capacity at Newark that is available and PW felt it important to ensure that this capacity is utilised in the most efficient way. The current plan does not go far enough to meet that objective.</p> <p>CW stated the 3% increase in terms of numbers is quite small and suggested that the utilisation of the estate itself be considered as opposed to market share.</p>		

The utilisation of the estate does not form part of the strategy, it is essentially about utilising it with services already being offered and not considering how others could utilise it. PW advised that conversations are ongoing with local primary care regarding a local practice who could potentially relocate to part of the site at Newark Hospital. PW felt that this would reinforce closer integration between primary and secondary care and is one of a range of options being considered. AR advised that the potential relocation is at optional appraisal stage with the CCG. Newark Hospital is perceived to be the 3rd option.

NG stated that there is excess capacity at Newark Hospital and efforts have been made to grow market share but the increase has been minimal. NG concurred that an alternative use should be considered, potentially by taking capacity out and transferring it to other parts of the health service to enable Newark Hospital to operate more efficiently. PW advised that the Newark Strategy in 2016 did reflect ambitions to maximise the SFHFT potential. Flexibility is being exerted whilst recognising that the future for Newark Hospital is that of a health campus will not be completely occupied and run by SFHFT. In the short term the approach being taken is to maximise utilisation and implement internal efficiencies.

TR suggested that opportunities should be maximised and enquired as to the timelines for Newark Hospital to become a health hub. TR also felt it important to be clear as to what is being sold to enable it to be marketed appropriately. Asses what worked for the 12 GP practices and consider how that can be transferred to the rest of the Newark area.

GW suggested that more challenging targets were required. There is also a lack of understanding as to what can be delivered at Newark Hospital and GW felt that communications should be clear with regards to delivery and strategy. The public still do not know what the Urgent Care Centre will deliver and will result in it not being fully utilised.

JM concluded that the core question is how to make Newark Hospital financially sustainable, it is currently carrying a £5.0m - £6.0m deficit and this is a fundamental challenge is in terms of strategy. Growth is not necessarily the answer.

BB suggested changing the language and referencing Newark Hospital as Newark Health Hub. Opportunities could be created within the health community for health as opposed to surgical or medical interventions. Engagement could be within the mental health agenda and in primary care if the concept was changed.

JB suggested a health and Social care solution.

JM requested colleagues consider how Newark Hospital could become a health facility that is financially viable and how long would it take to accomplish it.

PW enquired as to the desired frequency of the report. JM requested that the progress of the Newark Strategy be incorporated within the Strategy report.

<p>13 mins</p>	<p>RM proposed that a report framework be presented to the Board of Directors in one month, future reports to be presented quarterly.</p> <p>Action: Progress of the Newark Strategy to be incorporated within the Strategy report.</p> <p>Digital Strategy Update</p> <p>JM queried that the report states JT both wrote and approved the Digital Strategy. PW confirmed that PW did approve the Digital Strategy but apologised that this wasn't noted formally.</p> <p>JT advised that SFHFT's Digital Strategy was published in 2016 and provided a 5 year framework for the delivery of digital-enabled transformation initiatives for the Trust. The Strategy identified a number of initiatives that would facilitate delivery against national and local targets and operational requirements in order to achieve the principle aim to support efficient, seamless and convenient care to patients.</p> <p>JT confirmed that the first year of delivery of the plan has just been successfully completed. The first year was focused on establishing the foundations of a stable infrastructure that was secure and resilient with some upgrades and clinical system deployments. It also outlines how the first 2 years initiatives are aligning to the Local Delivery Roadmap (LDR) workstreams which in turn underpin the 12 workstreams in the Accountable Care System (ACS). A significant amount of progress has been made on the delivery of SFHFT's Digital Strategy with a number of transformation initiatives delivered or progressed into further delivery in future years. Although positive progress has been made in relation to the transformation initiatives funded through the capital plan, the late approval of the 2017/2018 capital plan has seen some of the initiatives deliver later than anticipated and move into year 2.</p> <p>The Cyber Security Assurance Programme was initiated and that is delivering the Cyber Security Strategy which is aligned to the National Strategy and the 10 commitments of Cyber Security.</p> <p>Clinical engagement was a significant focus and having Clinical Leads on many initiatives has provided positive outcomes.</p> <p>Efforts have been made where possible to align the strategy with Notts Healthcare to ensure that patient journeys across those boundaries are as seamless as possible.</p> <p>JT advised that the key deliverables for year 2 of the plan, which is this financial year, are e-prescribing, the replacement of WinPath and scanning of existing patient records.</p> <p>The table provided within the report identifies the alignment with the Integrated Care System. There are a number of workstreams, some of which are just forming. JT was keen to access those where ICT is involved. There are 5 LDR workstreams that are aligned to the ICS and the deliverables that are part of SFHFT's strategy and how they align to the LDR and ultimately the ICS have been included.</p>	<p>TBC</p>	<p>TBC</p>
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	<p>JT summarised that good progress had been made against the digital strategy.</p> <p>TR thanked JT for the quality of the report and for the delivery of the initiatives. TR stated that a lot of systems used within the Trust are single providers and enquired how they will be managed.</p> <p>TR offered his support assisting with the paperless initiative.</p> <p>TR stated that one strategy is to provide wi-fi to patients. JT advised that wi-fi is available but an upgrade is awaited from BT. TR stated that patients have to pay for this service at present. JT advised of a National initiative for Trusts to provide free wi-fi to patients. Hospedia currently runs a service on the wards but the BT solution is a free service that patients can use. RM felt that this service would improve patient experience.</p> <p>With regards to e-prescribing, BB stated that this appeared to be inpatient focussed. Given the issue of patients taking home medication as part of discharge, BB enquired if development was being conducted in a way that will recognise that there needs to be an improvement nationally. JT advised that opportunities are being explored as to how a solution could work with NUH and Notts Healthcare and also how this could be shared with primary care. BB felt that local pharmacies will be very interested.</p> <p>AH felt that clinical engagement is critical and thanked JT for enabling this but suggested that engagement with junior doctors would be beneficial. AH enquired if sense checks against the Technical Cyber Security Guidance are being conducted. JT confirmed.</p> <p>JM enquired where the governance arrangements were that reviewed delivery of the Digital Strategy. JT advised that a monthly update of each of the initiatives is submitted to the Digital Strategy Implementation Board who focus on deliverables and new initiatives that have been requested to ensure they are aligned.</p> <p>JM enquired how that is then reported to Board or Sub-Committees.</p> <p>Action: PW to clarify the governance arrangements for the Digital Strategy.</p> <p>SBa drew the Boards attention to a scheme regarding electronic bed management. SBa felt that the scheme will be hospital wide and transformational and will improve SFHFT's bed efficiency.</p> <p>As more systems and processes are becoming electronic, SBa enquired how robust the contingencies are should a system fail.</p> <p>JT advised that the new data system will have two data centres situated on-site and will be an exact replica of each other, but to provide extra resilience, there will also be a data centre situated off-site. Discussions are underway with Notts Healthcare with a view to situating racks at their data centre at Duncan MacMillan House.</p>	<p>PW</p>	<p>TBC</p>
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	<p>On behalf of the Board of Directors, JM thanked JT and the Teams for their work over the past year.</p> <p>The Board of Directors were ASSURED by the report.</p>		
16/792	PATIENT STORY – ONE HARM TOO MANY		
24 mins	<p>VB, SA and MF conducted the presentation which was a story of a patient acquiring a grade 4 pressure ulcer from a rigid metal collar. This is a bodily worn device that extends down the chest and back and is worn night and day. Due to the pressure of the device a superficial pressure ulcer developed which deteriorated.</p> <p>VB stated that staff work hard to prevent patients from coming to harm but advised that it is important to learn from incidents should they occur. It is important to rescue the patient and develop systems to prevent future harms. On this occasion the positive collaborative team working, quick implementation of safe guarding checks and robust monitoring for assurance was executed which enabled quick learning for the whole multi-disciplinary and speciality teams Trust wide.</p> <p>SB concurred that the positivity and speed of the response to this harm was very good.</p> <p>AH stated that a hard neck brace is one example of kit that is rarely used and could be used in non-specialist areas. AH enquired if staff are fearful of patients wearing them. MF advised that high risk devices such as the hard neck brace are not used frequently and staff rarely see them. VB stated that this was one of the reasons why training videos are used and ongoing training is used to refresh staff. AH stated that some organisations use SWAT Teams who deliver training to the ward at the time the collar or devices are being used and enquired if this could be considered. MF felt that the form that is now used gives clear instructions with regards to skin checks etc. One of the most significant developments has been the creation of the BDW management form and SOP. This form is used for all in-patients supplied with a device in order to ensure that all relevant information is in one place. This document is unique to SFHFT as no other acute Trust with an orthotic service has created a system that supports ward staff in managing patients with orthoses, splints, skin traction, and passive motion equipment. AH enquired if this had been shared externally. MF advised of his role as Chair of the NHS Orthotics Managers Group who are interested to see how this progresses. The remit of orthoptists will be training, further education and as a support mechanism.</p> <p>TR enquired how many patients within the Trust have bodily worn devices. VB advised that at the time of the incident there were seven. There were a number of other patients in orthopaedics wearing other devices such as leg braces but these devices are not so problematic as they are only used as a temporary measure prior to another action. The collar in question is used to treat the patient for three months. The infrequency that these collars are required is not sufficient to maintain the nurses skills constantly but for every case that happens teaching is reinforced.</p>		

	<p>SA advised that the challenge is when patients wearing these devices are not on the orthopaedic ward but when they are on other wards. It is a small cohort of patients that could be anywhere across all three sites and it is imperative to ensure they are treated correctly and do not acquire pressure ulcers. This is a key focus for the tissue viability team.</p> <p>Given the number of other devices used, JM enquired as to the extent of pressure sores developing. SB advised that pressure sores are record if they are attributable, this case was attributable to SFHFT.</p>		
<p>16/793</p>	<p>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</p>		
<p>39 mins</p>	<p>QUALITY</p> <p>SB advised that there were 6 cases of c-diff during March which is slightly above that anticipated. The total year to end is 39 and still below the trajectory of 48. All cases have been reviewed and ongoing actions and learning continues. 3 of the 6 cases related to the environment within one of the ward areas and due to a shortfall of Medirest staff. This has been addressed with nursing staff and with Medirest.</p> <p>There were 5.9 falls per 1000 occupied bed days during March which is higher than SFHFT's internal target but still remains below the National average. SB advised that if a fall results in harm, the Falls Lead Nurse reviews all staffing on that ward and there was no correlation identified in any of these cases. Vision assessments have been initiated and a Project Team consisting of Matrons and Advanced Health Professional Leads are working on the identification of patients when they are mobilising. Wrist bands and other initiatives used in other organisations are being considered for piloting within the Trust.</p> <p>SB advised that the dementia position is the same in March as that of April. The Lead Clinician is conducting targeted work with medical staff in ED and Urgent and Emergency Care. A business case has been approved for an additional band 5 to support the whole dementia programme. A deep dive and presentation was submitted to the Quality Committee during March. A rollout is awaited for dementia assessments to be conducted via Nervecentre.</p> <p>JM stated that there was increasing concern about c-diff at a recent Chairs Networking Event and suggested this be an area of focus. AH advised that the national Tazocin shortage has led to a change in antibiotics used to treat severe infections, this has created more cases of c-diff and is a national trend. As Tazocin becomes more readily available, AH anticipates that the number of cases will reduce. A number of cases of c-diff arise in the community and the actual rate of community acquired c-diff cases reduced with the work done by SFHFT's Infection Control Teams which was shared with the CCG and GP's. The figures show an increase during Winter and this was due to the pressures the whole system were under. This work has now been refreshed. NHSI Midlands and East have approached SFHFT to share the work done in order to bring those numbers back down.</p> <p>JM expressed concern with the variability in dementia over the last three months compared to that of the previous nine months and enquired when SB anticipated a consistent position to be achieved.</p>		

SB stated that the rollout of dementia assessments on Nervecentre will be a great improvement because by default the questions will have to be answered as part of that assessment. The patient pathway coordinator is also conducting focussed targeted work with Lead Clinicians and this will help to improve the position. SB confirmed that there is a big focus on dementia.

NG stated that when performance was good and sustained for many months, Nervecentre wasn't used therefore there must be other factors driving the variability in performance. NG enquired if the learning was being embedded irrespective of the system used to support clinicians. SB stated that the Board of Directors have been made aware of the issues regarding the recording, monitoring and documentation. These issues were attributable predominantly to human factors and they are being addressed. Divisions are being held to account in their performance reviews.

TR confirmed that the Quality Committee did receive the dementia deep dive and presentation and a request was made by the Committee for a trajectory and for PSQB to monitor the progress.

JM felt that the variability was more worrying than a downward trend as this indicates loss of control. SB reassured the Board of Directors that the monitoring is accurate. SB receives weekly updates and is confident SFHFT patients are not being missed because those identified are being followed up straight away. This is also happening in the community. JM requested that the Quality Committee continue to monitor progress in dementia over the next couple of months.

Serious Incidents

PM advised that the Trust achieved below the monthly average in March. The two cases that occurred were unusual and rare with no specific trends, both were unique and isolated events.

Complaints

PM advised that performance in March was disappointing, special cause variation occurred. There was a 30% increase in complaints during March but PM considers the numbers to be relatively low and manageable. The process has been reviewed and improved and PM anticipates that this will improve the timeliness of responses. Every effort is being made to regain compliance which is anticipated to be achieved by May. All complainants that have been affected by this delay have been sent a letter of apology.

BB enquired what the actual number of complaints were each month. PM advised that the Trust received between 19 – 21 complaints each month but in March 31 were received.

GW enquired if any particular themes had been identified. PM advised that there were no additional themes identified, most related to appointments, waiting times, access to information and occasionally attitude of staff.

	<p>RM advised that a workshop will be held in May 2018 whereby the Patient Experience Team, Executive Directors and Divisional Leads along with an external company with lean experience, will review and improve the process to ensure that the quality of responses is as good as possible and in line with guidance.</p> <p>JM stated that it was previously agreed that Board members would review the quality of responses. PM advised that this has been commissioned with Executive Directors but not Non-Executive Directors</p> <p>TR enquired if this could tie in with the 15 steps as the issues in particular areas would be identified prior to the visits. PM concurred that this would be helpful. JM suggested a report prior to each 15 step visit to identify areas of concern.</p> <p>Friends & Family Testing</p> <p>PM advised that satisfaction ratings are good despite narrowly missing the Boards threshold by 0.1% for inpatient satisfaction. Despite improving in comparison to last year the Trust is still unable to achieve the recommended response rates in ED. Performance has only increased to an average of 9% which is still below the 11-12% average in this area. Most other Trust's achieve 20% although a number of organisations do very well and consistently achieve 45 – 50%. These high performing organisations have been approached to establish best practice with a view to adopting within SFHFT.</p> <p>CW enquired if best practice is shared by NHS Providers. PM advised it did not but does provide links to other organisations that are doing very well.</p> <p>BB stated that the poor results were a reflection of the very small sample size and suggested that implementing confidence intervals would enable the target to be achieved.</p> <p>With regards to the themes a key issue is clinics, particularly regarding information to patients. CW enquired what actions were being taken to encourage the timely provision of information. RM advised that in some areas, patients that experience a delay are provided with discounted parking and meal vouchers and patients are communicated with if there are delays, however this is not consistent across all outpatients on all three sites and the Outpatient Improvement Group are addressing this.</p> <p>Actions:</p> <ul style="list-style-type: none"> • <i>Dementia to be monitored by the Quality Committee for the next two months</i> • <i>NED's to receive sample patient response letters which will be followed by a performance review in June 2018</i> • <i>Report to be provided prior to 15 step visits to identify issues and areas of concern</i> 	<p>PM</p> <p>PM</p> <p>PM</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
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OPERATIONAL & WINTER PRESSURES (INCLUDING LESSONS LEARNED)

SBa advised that cancer care was slightly below target in February but on NHSI's trajectory, 90% performance has been forecast for March 2018. The trajectory for the coming year drops below 85% but SBa anticipates the target will be delivered sustainably from July 2018. SBa felt that overall performance was good. JM was disappointed with this performance and advised that this was another area of focus at the recent Chairs Networking event. The view of NHSI is performance should be achieved because these are very small numbers of patients. JM felt that there was far less tolerance in under performance and that it was important from a patient's perspective. JM enquired as to the trajectory that had been agreed with NHSI. SBa confirmed it was 80 – 85% Q1 then 85% sustainable from July. RM stated that the key indicator is the backlog of patients waiting over 62 days. A tremendous amount of work has been done to reduce the backlog.

SBa advised that the Trust performed below standard on elective care and this was largely due to the backlog in echocardiography arising due to unexpected sickness absence. In addition, the focus of the unit was changed to inpatients during winter because inpatients were waiting 7 days for echos at times which is too long. Capacity has been recalibrated and it has been agreed with NHSI that the standard will be delivered from June 2018.

For RTT SBa advised that the Trust achieved 88% against the 92% standard. Overdue follow ups are re-starting and being added to the RTT backlog which has contributed. This is safer for patients and waiting times are tracked better. This is in line with national guidance. There are ongoing demand and capacity in-balances in certain specialties. NUH will take over the urology element of SFHFT's service in June, this is worth 1% to SFHFT on RTT in June. Winter and adverse weather events have had an adverse effect on the backlog around RTT. There is lot of work to do to catch up, particularly in orthopaedics. Trajectory is set to achieve to 92% by July.

There were 28 52 week waiters during March 2018, 23 have been dated and 5 patients have been offered dates in the same period but chose not taken the option. 16 patients have already been seen and a harm review has been conducted which shows no harm occurred to those patients during the delay.

NG expressed concern that problems had been analysed but actions and timescales had not. NG felt that this was a recurring theme and enquired what exactly was being done to regain stable performance. SBa advised that greater visibility can be provided to the Board of Directors regarding the demand and capacity work that is underway. The vast majority of diagnostics are done within two weeks on this pathway, this is being reduced to seven days and capacity is being increased in that area.

<p>AH advised that part of the issue is the sequencing of tests. Individual tests could be accessed within 7 days but if 3 tests are required and are not sequenced appropriately it takes more than 28 days to get to that point and that is the point at which a referral into a tertiary centre can be made. A review of the multi-disciplinary teams has been conducted by the Cancer Team to make the sequencing investigations better in order to achieve that 28 / 30 day referral into tertiary. AH has reviewed every cancer multi-disciplinary team over the past 12 weeks and is confident they are functioning very well although some IT issues have been identified. AH considered the progress to be important because when this equivalent review was conducted in 2014/2015, comparing to then, SFHFT are in a lot stronger position.</p> <p>SBa advised that forensic micro management of individual patients is also conducted. The Cancer Performance Team meet weekly and review every single patient to ensure they have a next step within the next week and force them into the capacity that is available. This is critical in the management of cancer patients.</p> <p>JM suggested that if the trajectories are made available, they can be used as a basis to see how successful the Trust has been in meeting them and if not, understand why not.</p> <p>NG stated that quite a few standards are being missed and it is important to see the action points that will enable the Trust to achieve and exceed the standard. SB stated that there are clear actions to address the underperformance and will review the report to provide more clarity.</p> <p>Action: Greater visibility of performance against actions being taken to resolve issues regarding non-achievement of standards.</p> <p>Emergency care SBa advised that the Trust achieved 88.8% and ranked 30 of 137 Trust in the NHS. During the winter, admissions of patients over the age of 75 to medicine increased and continued in a sustained way during March, it hasn't dropped to below the levels that it was in Jan and Feb and in April is even higher. The second surge of respiratory illness at the end of winter has increased demand over and above that of last winter for patients admitted to medicine over the age of 75.</p> <p>SBa advised that over the Easter weekend 93% was delivered. SBa thanked staff for the planning and for the execution of the plan which worked effectively.</p> <p>TR enquired what the key lessons learnt were from this winter. SBa advised that it is clear that a demand and capacity plan is crucial. The plan should identify the anticipated requirements for this period with tolerances and scenarios (e.g. flu epidemic) built in. Scenarios should be run to enable improved reactions and a clearer plan. Work is underway with SB, AH and JB to ensure that staffing is appropriate to ensure that patients are in the right place so that their length of stay and quality of care is better. This year's Winter Plan was problematic and built on outlying and medical patients being in surgical wards.</p>	<p>TBC</p>	<p>TBC</p>
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	<p>Having a demand and capacity plan and agreeing and understanding with external partners what capacity changes they will make in advance is important as is the way in which the first weather is managed in order to maximise the number of patients during adverse weather events.</p> <p>CW enquired if the use of the discharge lounge was sufficient. SBa felt that the use of the discharge lounge had greatly improved. There is specific criteria for patients that can go into the discharge lounge and additional staff would be required if the capacity was increased. There is a balance in preventing it from becoming a ward.</p> <p>JM enquired as to the capacity of the discharge lounge. SBa confirmed 80 – 90 patients per week.</p> <p>GW enquired what actions were being taken to elevate the issue of weekend discharges and the culture of not discharging at weekends. SB advised that for criteria led discharge, SFHFT have been taking part in an NHSI collaborative. Last year work commenced with the PJ Paralysis and Last 100 Days programmes. Nationally there is a 70 day challenge to get patients up and dressed. The whole culture is about getting patients home.</p> <p>BB enquired if in terms of mitigation, if 4 additional patients will be streamed to ambulatory emergency care, why isn't that being done now and is there further potential. SBa advised that the Clinical Chair of the UEC Division is working with ED Consultants to ensure the variability is reduced as to who will take a risk around ambulatory care. There is a monitoring system in place around outpatients getting admitted to ambulatory care. Over the last 15 months, the timeline series of patients sent to ambulatory care within the Trust is quite impressive.</p> <p>SBa advised that there are other elements to consider in ambulatory care including physical capacity, this will be built into the capacity plan. SBa considered ambulatory care to be a real solution to EAU constraints and considered this to be better for patients.</p> <p>NG noted that the report indicates 80% of the weekly discharge rates are being achieved at the weekend and the actions are in progress. NG requested sight of the actions. SBa advised that there is a roving discharge team who will be supporting additional patients being discharged at the weekends. Criteria led discharge will be rolled out as a pilot and there will be better discharge planning on Friday morning ward rounds. NG stated that the date within the report is showing in progress. SBa advised that a number of actions are in place. NG enquired if a trajectory could be included in future reports. SBa will provide greater assurance in future reports.</p> <p>JM stated that trajectories and actions should be included to provide the Board of Directors greater visibility of discharge, early discharge, EAU and weekend discharge. JM expressed concern regarding the variability of performance. Around 90% is achieved up until Sunday then Monday is around 80% and Tuesday is up to 80%. To collapse and recover that quickly cannot be just due to activity. JM felt there must be other factors as the dynamics of the hospital do not usually allow recovery that quickly.</p>		
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<p>JM will request visibility of the risks in the wider system in the meeting of the Mid-Notts Alliance Board.</p> <p>RM felt that with regards to the visibility of system risk, in addition to physical capacity in the system, capacity in terms of in-reach services to patients is also a factor. If that was to change it could impact on volumes of patients being admitted. These are some of the subtleties that need to be built into the plan.</p> <p>AH stated that with regards to end of life cases looked at by the Transformation Board, a request was made to go back to the Urgent Care Board because it was considered they hadn't described some of the system benefits. There is no doubt that the EPACS completion rate is reduced. If plans are in place for patients who are coming to end of life, the admission rates for that group fall to 7%, if that is not in place it rises to 97%. AH advised that end of life will have a big impact and the impact matrix needs balancing.</p> <p>JM advised that the aspects of system capacity and system risk will be explored at the Mid-Notts Better Together Alliance. It is important that this Trust understands the potential risks. We all have a statutory responsibility to our organisation so need to interpret and understand some of those potential risks to the system and establish how we can influence them. SBa advised that the risks are known. JM stated that the system wide issues aren't sufficiently brought together to adequately understand them and requested focus through the weekly brief on those areas to establish how to respond as a Board.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Visibility of risks in the wider system to be presented to Board of Directors in weekly briefs. • Trajectories and actions to be included in the discharge information of the operational report. <p>ORGANISATIONAL HEALTH</p> <p>JB advised that all workforce KPI's are green but emphasized that sickness absence had reduced to 3.3% which is below the 3.5% target.</p> <p>JM recognised the excellent achievements the HR Team have made throughout the year.</p> <p>FINANCE</p> <p>PR advised that as at 31st March 2018, the Trust has achieved all financial targets that were required of it both in pre and post sustainability and transformational delivery, CIP, capital plan, the amount of cash holding in total, agency spend and medical agency spend targets that were specified by NHSI.</p> <p>PR reported that the Trust's pre Sustainability and Transformation Fund (STF) outturn has delivered a £5.9m better than control total outcome having delivered a £40.5m deficit against a plan of £46.4m. This is due to the change in some accounting treatment in respect of the PFI asset that was initially prompted by the Trust's new auditors.</p>	<p>SBa</p> <p>SBa</p>	<p>TBC</p> <p>31/05/18</p>
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	<p>On 20th April 2018 the Audit & Assurance Committee agreed the change in the PFI accounting treatment that allowed the benefit of £5.0m to be taken into the accounts in 2017/2018. PR explained that when STF is awarded there are incentive monies to match the pre STF outturns on a £ for £ basis, therefore incentive monies are received from the STF, awarded by NHSI, to the same level of service against the control total. As such SFHFT received £5.9m of incentive monies as opposed to £900k that was originally assumed.</p> <p>PR advised that the figures within the report presented have changed following the receipt of a letter on 20th April 2018 from NHSI where all providers were notified of further allocations of STF. This is the unclaimed STF. SFHFT have received a further allocation of £4.4m that results in a post STF deficit of £23.6m which is £14.0m better than control total. In total SFHFT are in receipt of £16.9 of STF against the original plan of £8.8m.</p> <p>PR advised that the figures that are reported to Board are financial performance against the control total, as measured by NHSI. For financial accounting purposes, changes in the valuation of assets are also included therefore the annual accounts will include an asset impairment reversal to the value of £36.5m.</p> <p>NG advised that the control total was achieved irrespective of the accounting adjustments and felt that this was an important key message and a very good performance.</p> <p>GW stated that last year accounts showed a huge bottom line loss due partially to the merger, this year's number gone from being very negative to very positive. GW felt it important to consider how this is explained externally. The key point being the delivery of the control total.</p> <p>JM felt that the underlying deficit needs to be made clearer as does the financial position and what that means in terms of the Trust's financial strategy.</p> <p>JM acknowledged the achievements and work conducted by the Finance Team concluding that the delivery of the control total for two consecutive years was impressive.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>16/794</p>	<p>WORKFORCE REPORT: CULTURE & LEADERSHIP</p>		
<p>11 mins</p>	<p>JB presented the new Workforce Culture and Leadership report advising that it is one of a set of three reports that will be presented each month. The other two reports will be Maximising our Potential and Workforce Resourcing. Each report will be presented quarterly.</p> <p>The Workforce Culture and Leadership Report focusses on the culture and leadership work that is being conducted with NHSI King's Fund Toolkit, leadership development and talent management and with the Q4 survey that is followed up from the staff survey. The next stage is the leadership behaviours survey that will be circulated in May and the Culture Focus Groups that will run from mid-May to the end of July.</p>		

	<p>JB advised that the work will culminate in August / September at which point a synthesis will be available which will feed into the leadership development work that commences in Autumn.</p> <p>Regarding leadership development, JB advised that the new Senior Leadership programme has been finalised and work is underway with NHS Elect. The programme will be rolled out from September.</p> <p>Leadership development work also sits very closely with the leadership talent management work that is underway. There is also an Executive Talent Board with talent mapping and succession planning. Talent assessment tools are used and this work will be embedded into the appraisal system which will be re-launched in May.</p> <p>JB advised that quarterly Pulse Surveys are conducted that are particularly designed around staff recommending the Trust as a good place to work or to receive care. The responses from March indicate very good results on both questions. SFHFT are already in the top 20% of Trusts for the NHS Staff Survey response for 2017 but JB advised that this has significantly increased with over 1000 staff having responded. A trend of the Pulse Surveys will be mapped. A limited number of initial questions are also asked regarding service improvements. The results indicate that staff feel able to make suggestions but less empowered to make adjustments in their own roles. JB advised that making changes in one area that does not impact another area can be difficult unilaterally without having to have a multi-disciplinary multi-professional approach. Three quarters of staff responded positively to the raising concerns question but were less confident that the matter raised would be addressed. A small number strongly disagreed that the issue would be addressed. A far higher number neither agreed or disagreed and JB felt that this could be because they have never had a concern to raise.</p> <p>JB provided a general update from the staff survey advising that a lot of actions were being taken in Divisions. From the 2017 survey arose three actions, the balance of sickness management and preventing staff from feeling under pressure to attend work when they are ill. The Sickness Policy is now under review. Nepotism for which considerations are being made as to how this can best be resolved and inclusive team working. Although SFHFT scored high and ranked 4th of acute Trust's in the Country on the National Staff Survey for effectiveness of teamwork, some teams, often high performing teams, have such a strong team culture that they aren't as inclusive to new people or other teams that need to work with them. Consideration is also being made as to how best to support teams to be more inclusive.</p> <p>RM stated that the staff survey results 2017/2018 were good and recognised two years of improvements and despite having gone through a difficult winter, the Q4 Pulse Survey with over 27% of staff responses, suggests improvement in engagement. RM felt this was very encouraging.</p>		
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16/795	CAR PARKING & SMOKING PLAN		
6 min	<p>RM advised that car parking and smoking are themes that consistently appear in complaints from both patients and staff and provided the following updates.</p> <p>Smoking is a national challenge for health and social care organisations. SFHFT circulated a specific staff survey to establish views and opinions. There are two elements to address, staff and patients/visitors. It was made very clear that as an organisation staff should not be smoking on site and communications have been circulated to confirm this and to inform staff that any witnessed or reported breaches of the Trust's No Smoking Policy will result in a formal investigation that could lead to formal disciplinary action. RM reiterated the responsibility of everyone to hold appropriate conversations if breaches are observed.</p> <p>Enforcing the policy on patients and visitors is more challenging. Colleagues are aware that this is a particular problem at our main entrances so signage is being changed to make it clear that smoking on hospital grounds is socially unacceptable. Work continues with Ashfield District Council and other organisations.</p> <p>SFHFT can evidence improvements but further improvements are required and RM envisaged this to be a long term problem.</p> <p>GW felt it was a difficult balance and that the main issue was smoking at entrances which is usually resolved by erecting a smoking shelter but this could be perceived to encourage smoking.</p> <p>BB enquired if staff are allowed time off to attend stop smoking services. KB believed they did. BB advised that most smokers do not want to smoke, it is an addiction and the question is how best the Trust can support them to stop. For patients, BB enquired what was happening system wide across the Trust, in terms of clinical engagements with patients. In terms of evidence of effectiveness, it is one of the most effective interventions a clinician can make and is more effective than any of the Trust's other interventions. AH advised that this is being considered at pre-op across the health system as part of transformation plans. Most people come to SFHFT electively and that's built in at both GP referral stage and referral review stage pre-op. Smoking cessation is built into this so the intention is that everyone will get an intervention both for alcohol and smoking through that elective pathway. Emergency is more difficult and there is more work to do for both smoking and alcohol. AH advised that there is a programme in maternity as this Trust has a high rate of mums that smoke.</p> <p>JM concluded that is important that the Trust is encouraging and supporting people to stop smoking as well as enforcing the policy.</p> <p>SB advised of an external company that comes into the Trust to help support staff to support patients stop smoking and Nicotine substitutes are provided. SB suggested that this service could be extended to staff.</p>		

	<p>SB advised that two appointments have recently been, these individuals have a public health focus and are driving forward smoking and the wider public health agenda. This will tie into the Alliance and Healthy Living. Work also continues with local authorities who are supporting the Trust.</p> <p>TR stated that whilst smoking on site is a challenge, progress is disappointing. TR was recently aware of smoking at entrance 4 which is a staff entrance and suggested that the signage at the main entrance be replicated at all entrances. TR also felt it important that a good education programme is developed for children.</p> <p>Action: Clarification to be obtained regarding staff being provided time off work to attend stop smoking services.</p> <p>With regards to car parking, RM advised that staff and patients have identified four concerns which are predominantly at KMH. These are capacity, variability of the quality of car parks, gritting during winter in advance of snow and perceptions around ticketing. RM felt that progress has been made. The capacity at KMH has been increased and parking officers are making it clearer for staff to find available spaces. The external company that provides the gritting service has been changed and there are fewer parking tickets being issued. Instructions have also been circulated to staff to advise them how to avoid parking tickets.</p> <p>JM enquired what discussions have been held with local authorities regarding green transport. KB advised that a lead manager has been appointed for environment and sustainability. One of the key roles is to promote green travel, car sharing and cycle to work schemes.</p> <p>JM suggested that a Transport Strategy be developed.</p> <p>Action: Transport Strategy to be developed and presented to the Board of Directors.</p> <p>The Board of Directors were ASSURED by the report.</p>	<p>KB</p> <p>TBC</p>	<p>31/05/18</p> <p>TBC</p>
<p>16/796</p>	<p>ASSURANCE FROM SUB-COMMITTEES</p>		
<p>6 mins</p>	<p>Audit and Assurance Committee</p> <p>JM advised that GW had Chaired the Audit and Assurance Committee meeting on 20th April 2018 and proposed that GW become substantive Chair of the Audit and Assurance Committee.</p> <p>The Board of Directors AGREED that GW would conduct the role of substantive Chair of the Audit and Assurance Committee.</p> <p>JM advised that CW has been asked to attend the Audit and Assurance Committee as there are currently two Non-Executive Director vacancies. CW has agreed to support in the interim. A recruitment process to appoint to those positions will be agreed with Lead Governor. The membership across the committee's will be reviewed when there is a full establishment of Non-Executive Directors.</p>		

	<p>GW presented the report advising that the committee primarily considered year end. The draft Head of Internal Audit Opinions indicates significant assurance for the second consecutive year. GW emphasized the importance of achieving this.</p> <p>The Committee reviewed the draft Annual Report and Quality Account, both of which will be subject to further reviews. GW felt that the Quality Account was much more consistent this year. The committee held discussions around the draft Annual Accounts, particularly regarding the changes in policy. The Committee also approved the PFI change.</p> <p>Of the Internal Audit Report, the committee scrutinised the Patient Safety Alert System as it was a limited assurance report. The report identified a number of recommendations, some of which were challenged. For those recommendations that were agreed, the committee were assured that there is a good implementation plan for actions within a reasonable timeframe.</p> <p>Finance Committee</p> <p>NG presented the report advising that the committee had received a report regarding PFI performance and concluded that on large, services are being delivered effectively. The committee received reassurance that those areas that are not being delivered effectively, particularly legionella, will be addressed imminently.</p> <p>The PFI benchmarking against Model Hospital left a lot of areas red. The Head of Estates will report back to the committee on 24th July 2018 with a plan to improve performance in those areas.</p> <p>The 2018/19 Financial Plan was discussed by the committee and further work has been completed. NG stated that the planning establishment between Commissioners and the Trust is aligned.</p> <p>Although a lot of actions have been identified within the Financial Improvement Plan (FIP), NG felt that most Divisions were reluctant to add values to them. NG did not feel that the progress made to date was as good in comparison as that of last year as the risk adjusted total is circa £2.0m against target of £18.0m for the year.</p> <p>The committee sought further assurance, particularly in relation to the risk rating that was applied to financial sustainability.</p> <p>The committee reviewed the Board Assurance Framework (BAF), particularly focussing on Risk 6 - Breakdown of Strategic Partnerships. The committee concluded that whilst the risk of this happening is quite low, if there was a breakdown, the consequences would be high and therefore the committee accepted a consequence rating of 5 and a likelihood rating of 1. NG advised that there was still a risk in the delivery of the QIPP for the current year.</p> <p>The committee also received the Alliance Progress Report. NG advised that the target was reduced last year from £30.0m to £18.0m and 80% of that target was achieved. NG felt that this will be a focus for the committee going forward into this year.</p>		
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<p>Members of the committee expressed gratitude to the Finance Team for the achievements of the year end and the way in which the results were controlled over the year. They expressed confidence in delivering the target and the work that was done to achieve that is commendable.</p> <p>NG advised that the PLICS system is now working and the reference costs submissions will cease in future as they will be taken from the PLICS system directly. NG felt that this was a major step forward and will provide better information internally to drive better management of patients and costs within the Trust.</p> <p>The committee reviewed the initial draft of the Financial Strategy and fed back a number of comments that PR will incorporate.</p> <p>The committee approved the PFI purchase order approval and the renewal of the endoscopy maintenance contract that is the existing incumbent but at a slightly higher cost due to the maintenance of additional machines.</p> <p>Charitable Funds Committee</p> <p>TR advised that the committee met on 18th April 2017 and reviewed the effectiveness of the committee. A number of areas were identified that will be discussed with JM when the Trust has a full complement of NED's.</p> <p>The committee also intend to review the governance arrangements for the trading arm of the Charity (Daffodil café and trollies etc.) which generates significant income. This was initially postponed whilst CIO opportunities were being considered.</p> <p>TR advised of the committees desire to better engage with the Council of Governors to promote the Charity.</p> <p>The committee discussed the need to develop a specific risk register and management plan for the Charity as it was concluded that the Charity had not been appropriately risk assessed. This will be an item on the committee's agenda going forwards.</p> <p>TR advised that the £550K Gama Scanner appeal had been launched and had received exceptional support from the Chad and the Newark Advertiser. This is a big undertaking but the Committee are confident that it will be achieved. TR thanked the Communications Team for their support.</p> <p>The Charitable funds expenditure, balances and investment were also reviewed and the committee were assured. There is still a substantial amount of money in the Charity so the committee are working with Divisions regarding expenditure requests.</p> <p>Part of the committees remit is to have oversight of the Trust's volunteers of which there are circa 700 in this organisation. The committee recognised the contribution of the volunteers but are considering ways to strengthen that recognition and also that of the League of Friends.</p> <p>The Board of Directors were ASSURED by the reports</p>		
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16/797	BOARD ASSURANCE FRAMEWORK		
7 mins	<p>PM advised that the new format of the Board Assurance Framework (BAF) is now in operation.</p> <p>PM advised that the Trust remains exposed to a number of significant risks which are financial sustainability, workforce capacity and expanding demand for urgent care.</p> <p>JM stated there are seven principle risks which the Risk Committee will focus on but enquired how these risks are mapped into the governance of the Board. JM felt it important for the Board of Directors to be absolutely clear as to which committee, from a governance point of view, sits with each of the principle risks. Significant issues can then be highlighted to the Board of Directors from the sub-committees in their monthly reports. PM advised that the committee that has primary oversight has been included in the report although this may change throughout the year. The responsibility of the committee for evaluating and assigning an assurance rating is new and PM felt it was vital that it is Non-Executive led. Having considered the assurances received on the control of those risks, the view of the committee, in terms of assurance, would be reported to the Board of Directors.</p> <p>JM clarified that each committee is required to ensure they are focussing on the risks report back via the relevant sub-committee's report and escalate any critical changes or issues.</p> <p>The Board of Directors were ASSURED by the report</p>		
16/798	LEARNING FROM DEATHS		
5 min	<p>AH presented the Q4 report advising that performance was disappointing and below that of Q3 where 90% plus standard had been achieved. Performance at Q4 is 68%, predominantly due to 100 more deaths in Q4 than in the previous quarters.</p> <p>A trajectory has been developed to regain compliance. The end of the quarter reporting is almost a month in areas so the Learning From Deaths Annual Summary Report will be presented to the Board of Directors on 31st May meeting at which point AH envisages performance to be back on track.</p> <p>This however comes with a caveat regarding the structured judgement assessment numbers which AH considered to be inaccurate for Q4, although themes are fairly well established from the previous quarter.</p> <p>Two main themes have been identified this year, ceilings of care for which there is a plan to implement ReSPECT within SFHFT and across the health economy and a change to Nervecentre that introduced some confusion around deteriorating patient escalation. The policy is slightly different and has been reviewed through GPD. NEWS2 which is an updated version of the early warning system, is also being reviewed. There is already a route of reporting to ward through the Deteriorating Patient Group then up to Quality Committee. A recent national Patient Safety Alert states that this will be implemented nationally by March 2019. AH advised that SFHFT will be in a good place to achieve that in advance.</p>		

	<p>AH advised that audits have been conducted on some cases that haven't been reviewed and it is very clear there is learning. AH considered it right to aim for 100%.</p> <p>JM stated that SFHFT appeared to be well in advance of other organisations and thanked AH and the Team for the work that has been done in relation to learning from deaths.</p> <p>The Board of Directors were ASSURED by the report</p>		
16/799	DATA SECURITY PROTECTION REQUIREMENT		
2 mins	<p>PR advised that NHS Foundation Trusts are required to confirm compliance with the 10 standards outlines in the 2017/18 Data Security Protection Requirements (DSPR).</p> <p>The Information Governance team, NHIS and the Business Continuity team have reviewed the questions and recommend fully implemented for standards 1- 7 and partially implemented for standards 8 – 10.</p> <p>The Board of Directors considered and APPROVED the submission of compliance with the 10 standards outlined in the 2017/18 Data Security Protection Requirements.</p> <p>JM requested that future requests are initially considered by the Audit & Assurance Committee prior to submission to the Board of Directors.</p> <p>Action: Future Data Security Protection requests to be submitted to the Audit & Assurance Committee.</p>	SH	TBC
16/800	NHSI SELF CERTIFICATION		
2 mins	<p>PR advised that NHS Foundation trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence, have the required resources available if providing commissioner requested services and have complied with governance requirements.</p> <p>The Board of Directors considered and APPROVED each statement proposed.</p>		
16/801	COMMITTEE EFFECTIVENESS REVIEW		
2 mins	<p>JM advised that the Board is supported by its committees and in order to ensure the committees are demonstrating good governance and identifying areas of improvement, a Committee Health Check self – assessment review has been undertaken. JM stated that it is good practice to conduct committee effectiveness reviews every 2-3 years and proposed an external review in Autumn 2018.</p> <p>JM advised of two important programmes, the Governor Development Programme which has just been implemented and the Board Development Programme which is being reviewed.</p> <p>Action: External Committee Effectiveness Review to be conducted in Autumn 2018.</p>	SH	TBC

	The Board of Directors were ASSURED by the report.		
16/802	COMMUNICATIONS TO WIDER ORGANISATION		
1 min	<p>The Board of Directors agreed the following items would be distributed to the wider organisation:-</p> <ul style="list-style-type: none"> • The coming year and reflection on the successes of last year • Wider system working - Better Together • Culture • Smoking and stop smoking support that is available • BAF and risks • Patient story 		
16/803	ANY OTHER BUSINESS		
3 min	<p>PW advised of the imperative to ensure as much non-pay spend was identified on purchase orders as per the Trust's procurement indicators of Model Hospital.</p> <p>PW sought approval from the Board of Directors to raise a purchase order to the value of £57m (excluding VAT) for the PFI payments for the period 1st April 2018 to 31st March 2019.</p> <p>The Board of Directors APPROVED the annual purchase order for the PFI payments for the period 1st April 2018 to 31st March 2019.</p>		
16/805	DATE AND TIME OF NEXT MEETING		
2 min	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 31st May 2018 in the Boardroom at King's Mill Hospital at 09:00.</p> <p>JM advised of an Extraordinary meeting of the Board of Directors on 24th May 2018 to sign of the Trust's Annual Accounts. Invitations will be circulated in due course.</p> <p>There being no further business the Chair declared the meeting closed at 13:00.</p>		
16/804	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>John MacDonald</p> <p>Chair Date</p>		

16/805	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
6 mins	<p>SH stated that Governors conduct Walkabout/Talkabout sessions for one week each month to talk to patients and obtain their opinions. SH suggested that the information obtained would be useful to help to improve patient experience. PM and SH to meet to pursue opportunities for sharing this information.</p> <p>KW stated that Meet the Governor events are held which encourage members of the public to give feedback of the services. KW suggested that if such an event was held in ED, it could help to increase the FFT responses.</p> <p>KW enquired if part of the problem with weekend discharges was due to the working pattern of Social Services. SBa advised that it is harder to deliver care packages that commence at the weekend by the nature of the way social care works. To mitigate this, Friday discharges are maximised. Care packages that commence at weekends can sometimes create risk and therefore felt it key to maximise discharges earlier in the week.</p> <p>SH suggested that the Trust make more use of the Governors monthly Newsletter, particularly with regards to messages concerning Healthy Living as the Newsletter is circulated to 5000 people.</p> <p>KW suggested that in order to move away from the perception that the Better Together Alliance has been established to save money, the Alliance should adopt an overall vision. JM agreed and advised that STP messaging is currently being considered. Dialogue with the public could be improved as people want to hear what it means to them in their locality.</p>		