

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 22nd February 2018 in the Boardroom, King’s Mill Hospital

Present:	John MacDonald	Chair	JM
	Ray Dawson	Non – Executive Director	RD
	Neal Gossage	Non-Executive Director	NG
	Graham Ward	Non – Executive Director	GW
	Tim Reddish	Non – Executive Director	TR
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer	PR
	Simon Barton	Chief Operating Officer	SiB
	Shirley Higginbotham	Head of Corporate Affairs & Company Secretary	SH
	Dr Andy Haynes	Executive Medical Director & Deputy Chief Executive	AH
	Suzanne Banks	Chief Nurse	SuB
	Kerry Beadling-Barron	Head of Communications	KB
	Julie Bacon	Executive Director of HR & OD	JB
	Paul Moore	Director of Governance & Quality Improvement	PM
In Attendance:	Joanne Walker	Minutes	
	Sue Bradshaw	Minutes	
	Phil Harper	Head of Strategic Planning	PH
	Amanda Smith	Ward Sister	AS
	Shantell Miles	Head of Nursing for Medicine	SM
	Trevor Hammond	Head of Nursing, Surgery Division	TH
	Joanne Lewis-Hodgkinson	Falls Lead Nurse	JL
	David Hodgson	Research & Innovation Director	DH
	Alison Steel	Research & Innovation Manager	AS
Observers:	Laura Fiddall	Healthperm Resourcing Ltd	
Apologies:	Peter Wozencroft	Director of Strategic Planning & Commercial Development	
	Claire Ward	Non – Executive Director	

Item No.	Item	Action	Date
16/714	WELCOME		
	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.		
16/715	APOLOGIES FOR ABSENCE		
	Apologies were received for Peter Wozencroft - Director of Strategic Planning & Commercial Development and Claire Ward - Non-Executive Director.		
16/716	DECLARATIONS OF INTEREST		
	There were no declarations of interest		
16/717	PATIENT STORY		
35 mins	<p>AS presented the patient story advising that a number of changes have been introduced to prevent falls including a Ward Learning Board where action plans are displayed, patients at a high risk of falls are identified on transfer to the ward so that they can be placed in the most appropriate area of the ward depending on the level of observation required, the use of brightly coloured magnets to identify patients at a high risk of falls, post fall Multi-Disciplinary Team (MDT) 'huddle' to discuss planned care and falls prevention, referrals to Occupational Therapist (OT) and Physiotherapist to encourage constant mobilisation whilst ensuring they have adequate supervision when mobilising and the use of woollen gadgets for patients to use as a distraction technique.</p> <p>JL conducted the presentation regarding falls prevention and displayed some of the items used in relation to falls prevention and education. A falls trolley is used to visit areas of the Trust to raise awareness and to educate patients, visitors and staff. A falls box was developed by nurses and is used in areas across the Trust. This falls box received national recognition from the NHS Fab Academy Awards. A falls e-learning programme is also available and free to all staff. Group sessions are coordinated and staff are encouraged to conduct the training but JL would like to see this form part of the Trust's mandatory training programme in the future.</p> <p>NG acknowledged the huge amount of work that is ongoing to help to prevent falls within the Trust and noted that SFHFT's performance is better than the average across the sector although it does fluctuate. NG enquired if a more consistent level of performance would be achieved if additional resources were provided.</p> <p>JL advised that education is key. One issue identified was that staff were failing to re-asses a patient when their condition changes. To address this, a fundamentals care day has been introduced which incorporates tissue viability and infection control and looks at the patient's pathway.</p>		

	<p>How to respond when a patient's condition changes, is currently being taught throughout the Trust. JL stated that the ideal position would be for all Datix incidents relating to patient falls to receive a response from the falls team but this is not possible at present.</p> <p>SM felt that it was important to conduct rapid reviews after patient falls to enable immediate actions without having to wait for the investigation and report. SM also felt that night time safety huddles should be encouraged as this can be a time when patients become more anxious and agitated.</p> <p>NG enquired if there is a mechanism in place to ensure that learning is disseminated throughout the trust. JL confirmed and advised that patient stories form part of the falls prevention teaching. Due to the various layouts of Trust's, it is not possible to benchmark falls. It is important for staff to recognise risks e.g. when a patient is moved into a cubicle.</p> <p>JM enquired what the process for dissemination of learning from falls was. JL advised that trends and themes are used to train staff on induction along with policies and procedures. JL also conducts training sessions with Occupational Therapists and Physiotherapists.</p> <p>SM advised that shared learning events are conducted with Divisions where incidents and lessons learned are discussed. Any immediate actions are shared within the Divisions and extended cross divisionally.</p> <p>SuB advised that Sisters also meet weekly and every incident is discussed at the Business meeting.</p> <p>GW enquired if the system used on ward 22 is the same system used on other wards within the Trust. SuB advised that the work that AS has done in relation to ward 22 is currently being rolled out across the Trust.</p> <p>TR enquired how confident AS is that a similar incident won't happen again. AS was very confident and advised that this particular incident was widely shared and measures have been implemented to minimise the risk of a similar incident happening again.</p> <p>TR enquired if electronic falls tags are in use or have been considered for use within the Trust. JL advised that electronic falls tags are not currently used within the Trust but could be considered. Some wards within the Trust do have bed and chair sensor alarms but there are strict controls with their usage.</p> <p>GW stated that mobile nurse stations were implemented on dementia wards two years ago and enquired if this was helping. JL confirmed that mobile patient stations are used and recommended across the Trust.</p> <p>RM stated that with regards to education and learning, it is apparent that there has been a huge amount of work within SFHFT and enquired if this Trust has a role across the wider health system to try to prevent patients falling outside in the community, thus preventing re-admission after discharge.</p>		
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	<p>JL advised of work that was conducted with the Alliance last year regarding falls prevention and of a video that has been developed that patients can watch in their own home that is available on prescription. The Trust also works closely with the Community Falls Team and makes referrals to this team if fall risks are identified. Patients are also given advice prior to discharge where possible and a stand is used in the main entrance to provide advice on falls prevention.</p> <p>TR enquired what connectivity there is in the community with regards to Occupational Therapists to educate them with regards to falls prevention when they are mobilising people in their own homes. JL advised that there was no such connectivity at present but this was something that could be considered.</p> <p>GW enquired if the data regarding re-admissions due to falls had been analysed. AH advised that a lot of the increase in conveyances in December was due to falls and work with EMAS regarding conveyance is underway and is anticipated to be complete by winter 2018.</p> <p>SM suggested that the Alliance and community work could be incorporated within the falls strategy.</p> <p>JM acknowledged the good work that is ongoing within the Trust to prevent falls.</p>		
16/718	MINUTES OF THE PREVIOUS MEETING		
	Following a review of the minutes of the Board of Directors in Public held on 25 th January 2018, the Board of Directors APPROVED the minutes as a true and accurate record pending the above amendments.		
16/719	MATTERS ARISING/ACTION LOG		
2 mins	The Board of Directors AGREED that actions 16/638, 16/690.1, 16/690.3, 16/690.4, 16/692, 16/695.1, 16/695.2 and 16/695.3 were complete and could be removed from the action tracker.		
16/720	CHAIR'S REPORT		
8 mins	<p>JM presented the report advising that he and RM had recently met with the Chief Executive and Chair of Chesterfield Royal Hospital to explore possibilities of joint working and confirmed that further discussions will be held.</p> <p>JM advised that there have been a number of recently instituted Chairs meetings held across Nottinghamshire which are largely linked into Sustainability and Transformation Partnership (STP). JM felt discussions at this level were helpful. At the next meeting of the Alliance members will consider how best to re-set the Alliance. JM felt it was important to revert back to the original intentions and to find a way to resolve operational and delivery detail and patient engagement at a system level.</p> <p>JM attended a recent NHSI Chairs meeting and also the 'Moving to Good and Beyond' event in London.</p>		

	<p>JM advised of an example at the event and stated that West Suffolk Hospital (WSH) had recently been rated as outstanding by the CQC. WSH benchmark against SFHFT in some areas and JM felt that there was scope to develop learning.</p> <p>JM advised that at the Council of Governors (COG) meeting that was held on 21st February 2018, agreed ways of the Non-Executive Directors (NEDS) working with Governors in the future. It was also agreed that COG Committees would be formally suspended pending a review in September 2018 of how effective this new way of working is.</p> <p>JM felt it important to develop relationships between the Chairs of Sub-Committees and observers because different perspectives bring different questions which JM felt will strengthen the Trust's governance arrangements.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>16/721</p>	<p>CHIEF EXECUTIVES REPORT</p>		
<p>20 mins</p>	<p>RM presented the report advising that the Trust's five winter priorities have been tracked against progress over the past few months. The RAG rating this month is the same as last month. RM felt that broadly, SFHFT should be very proud of the safe and personalised care that has been provided to patients over this difficult winter period. RM expressed gratitude to staff and volunteers within SFHFT and also to partner organisations for their support over the last couple of months. RM acknowledged that in January and February a number of elective patients' planned surgery was cancelled to enable focus on emergency and cancer patients. Cancellations in January affected approximately 94 patients who had surgery postponed.</p> <p>RM advised that CQC drop-in sessions will be held on 3rd, 4th and 5th April 2018 for all staff, volunteers, governors, NEDs, patients and members of the public. RM urged all interested parties to meet the CQC at those sessions and to talk with pride and honesty about how the Trust has improved over the last couple of years but also to acknowledge that this organisation is on a journey and there are still areas of improvement.</p> <p>After the drop-in sessions there will be an unannounced visit, which RM anticipated to be in April and will cover all three sites. Work with the CQC continues to ensure that SFHFT have the best available opportunity to showcase the work that has been done and to try to influence the five domains and as many of the ten core services as possible. RM felt there was a genuine excitement amongst staff about the opportunity that this visit brings. RM felt that improvement across all three sites will be visible but has high expectations for Newark Hospital in particular.</p> <p>RM advised that SFHFT is a member of the STP (now known as the Integrated Care System (ICS)) for Nottinghamshire. RM felt it likely that work will be driven by two delivery units, Greater Nottinghamshire and Mid-Nottinghamshire.</p>		

<p>The ICS are trying to build on and develop relationships across the health and social care system to reduce some of the variation that patients are experiencing at the moment and to standardise care and to move towards a single financial control total, hopefully in 2018/19. This is a way of focusing conversations on safe and high quality care to patients. RM advised that there is a lot of expectation on SFHFT, as a strong independent provider across Nottinghamshire, to play a key role to provide care and also to help to shape services.</p> <p>RM advised that a recent meeting was held with the CEO and Chair of EMAS to consider ways of learning. EMAS are keen for clinicians to work together, share ideas and to support each other.</p> <p>RM was pleased to confirm that neurological rehabilitation services will continue to be provided on Chatsworth ward at Mansfield Community Hospital. RM expressed gratitude to staff for the way in which they have worked with Commissioners, not only shape the future of the provision, but also to maintain very high standards over a difficult few months. RM was also grateful to Commissioners for listening. Work with Commissioners continues to shape partly from an acute provision but also therapy led community services.</p> <p>TR enquired how robust the decision to maintain neurological rehabilitation services at MCH was. RM felt that the decision was robust as there had been recognition that there is a need to provide a form of local rehabilitation care. Relations with Commissioners are good and they are now receptive to some suggestions that SFHFT are proposing.</p> <p>AH felt that there is a closer working relationship with Commissioners and staff are engaged in developing services. This puts SFHFT in a strong position.</p> <p>RM advised that over the past couple of months, through a process of data validation, a number of patients have been identified across a number of elective outpatient services as failed to follow-up. PM has compiled a very comprehensive report that details a series of actions and recommendations. These actions are being implemented and progress reported through the Data Quality Group to the Executive Team. To date no patients have come to harm as a result of the failure to follow-up. RM stated that given the size of the organisation and its IT infrastructure, there is a likelihood that more patients will be identified. This is not a unique position and is a challenge that NHS providers are facing nationally.</p> <p>AH advised that historically SFHFT has had a very strong water safety record. There was a positive sample in July 2013 and also in January 2017. The January 2017 sample led to a review of the Trust's risk assessment, a change in low volume outlet flushing and the introduction of flushing into infection control mandatory training for staff and then compliance with flushing in nursing metrics.</p> <p>In early February 2018, SFHFT were notified of some positive samples that were sampled mid-January. Remedial measures were subsequently taken in terms of flushing and pasteurisation. All records show that heat treatment in the water system is intact with no variations.</p>		
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	<p>Flushing records show good compliance. Public Health England (PHE) has been informed and are providing advice. The samples that were positive were for 'legionella species'. An assessment has been conducted by infection control leads and PHE. Clinical risk is very small but until there is clarity about the negative samples, vigilance will be exercised. Weekly meetings are being held with PHE who are happy with the actions being taken. The Board of Directors will be updated when the results of PHE's samples are received.</p> <p>JM stated that the system control total is important but felt that there are different understandings and expectations as to what the financial control system can deliver. JM enquired if the potential benefits, risks and financial flows should be documented.</p> <p>RD expressed concern with regards to accountability and what a system control total means for SFHFT.</p> <p>NG stated that this is now very much moving towards a system approach in terms of managing finance within the entire system. There has been a mismatch between assumptions of Commissioners and providers and NHSI are now trying to bring parties together.</p> <p>PR felt that this was the start of combining the systems together to forge a sustainable and strong system. There are some theoretical scenarios that have been shared with Finance Directors regarding PBR and how/if it fits in. Planning guidance offers flexibility of control total movement to facilitate the fact that PBR is still in place. This guidance will be discussed in further detail in the Board of Directors Workshop later today.</p> <p>RM stated that there is huge expectation nationally that the health system does accept a system control total and as long as the risks and benefits are understood, this can be a positive thing for this organisation.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>16/722</p>	<p>STRATEGIC PRIORITIES DELIVERY PROGRAMME - UPDATE</p>		
<p>25 mins</p>	<p>RM acknowledged that work was required to standardise reporting across the 5 strategic priorities.</p> <p>Strategic Priority 1 - to provide outstanding care to our patients, operational and access improvement</p> <p>SiB advised that whilst progress has been made, further work is required to improve the planned utilisation of theatres. As the use of theatres is related to bed availability, improving the safe flow of emergency patients is key. Delayed Transfer of Care (DTC) rates are at the level specified within the strategy.</p> <p>The training programme 'Red2Green' has been rolled out and whilst there is good awareness among staff, further work is required. Elements across the Emergency Department are rated as amber in the report as although senior streaming is in place, this is not fully embedded. There has been some improvement in ambulance handover times, although this has recently deteriorated.</p>		

	<p>Outpatients are making good progress and have a good 'Did Not Attend' (DNA) rate. Some further work is required, particularly in relation to how the Trust works with partners regarding the follow up of outpatients.</p> <p>JM felt that that it is not clear from the report what the key milestones are which makes it difficult to identify progress.</p> <p>RM informed the Board of Directors that an Executive Team meeting was planned to consider how to develop this programme and evidence improvements.</p> <p>Strategic Priority 2 – to support each other to do a good job JB advised that the action plan also underpins 'Maximising our Potential' and the Workforce Strategy. As of the end of December 2017 there are fifteen completed actions, nine that are on schedule and one that is amber.</p> <p>The action that is currently rated as amber is in relation to coaches, mentors and the 'Wise Owl' network. Coaches are already offered within the Trust and this action is to formalise and improve the infrastructure. The person leading on this action has recently returned from long term sickness. It is anticipated that the details will be finalised by Q1 of 2018/2019.</p> <p>Strategic Priority 4 – to get the most from our resources PR advised that due to winter pressures, the use of Thornbury agency staff has increased. However, the Trust is still delivering below the ceiling issued by the regulators. Internal efficiency and productivity measures, including the use of Carter and the Model Hospital are in place.</p> <p>There is a data mechanism in place to identify areas of good financial productivity and contribution matrix in relation to the implementation of service-line and patient-level costing and evaluation.</p> <p>Mechanisms are in place on a daily basis to ensure that the Trust has the right workforce in the right place to ensure safe staffing levels. The Workforce Planning Committee will explore future alternatives for staff to be more flexible to ensure staffing levels can be improved and maintained.</p> <p>Bed modelling and capacity planning is in progress.</p> <p>Consideration is being given to engage staff through the 'Sherwood Way' to ensure ideas are generated and transformation embedded on a continuous improvement culture throughout the organisation.</p> <p>SuB advised that a significant amount of work was underway through the Consumables Group regarding the use of resources, particularly the use of consumables in ward and clinical areas. The group is working closely with procurement teams and this will form part of the Financial Improvement Programme (FIP) for next year.</p> <p>NG acknowledged that the Model Hospital is potentially a useful tool to inform the FIP programme. However, the Trust is still not aligned with</p>		
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	<p>the average reference cost index by approximately 4 points, each point being worth about £2.5 million in cost savings.</p> <p>JM felt that if the Trust can demonstrate to the regulators that the available tools are being utilised and the case for Private Finance Initiative (PFI) support, is strengthened.</p> <p>Strategic Priority 5 – to play a leading role in transforming local healthcare services</p> <p>RM advised that SFHFT has a key role to play in transforming health and social care across Nottinghamshire. This needs to be combined with the Trust’s ability to deliver the here and now, not just from a financial aspect but also from an access and safety perspective.</p> <p>JM felt that this report was important and requested consideration of how to share the narrative with staff, public and patients in ways that are clearly understood. At Board of Director level and with key stakeholders, consider what the milestones are and how they will be measured for each of the Strategic Objectives, and identify the key underlying projects to deliver the objectives and consider what might prevent achievement of the objectives.</p> <p>JM felt that progress on strategies should be presented to the Board of Directors twice yearly. Underpinning this is detailed implementation plans, the assurance of which will come via Board committees so that the strategy is clear. The strategy needs to develop in a way that allows the Board of Directors to see the achievement and progress of the milestones.</p> <p>RD enquired as to the flexibility within the Strategic Plan to accommodate any issues raised by the CQC. RM advised that it is hoped that the CQC report doesn’t mean that a new strategy or new list of actions will need to be developed as there is an understanding within and externally to the organisation of things that are going well but also the risks and the steps being taken to mitigate them. However, pre-existing priorities will be used as the framework for managing any suggestions or expectations that come from the CQC report.</p> <p>PM felt that compliance with CQC regulations is an enabling objective. The way governance has been organised includes regular checks to ensure the Trust is meeting those obligations. If the CQC identify an issue, there has to be flexibility to respond and to return to a compliant position to enable SFHFT to continue the strategic ambitions.</p> <p>JM felt that there are significant impending changes to how commissioning works and that may have implications for the Trust, not necessarily changing the Strategic Priorities but how they are delivered. Therefore, the Strategic Priorities should be reviewed in the autumn. It is also good practice to carry out a review when there are major changes in the external environment.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Standardise report across the five strategic priorities and determine ways to identify key milestones and how they are communicated 	<p>RM</p>	<p>29/03/18</p>
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	<ul style="list-style-type: none"> Review how to achieve strategic priorities taking into account any external changes <p>The Board of Directors were ASSURED by the report.</p>	RM	25/10/18
16/723	Q3 RESEARCH – QUARTERLY UPDATE		
25 mins	<p>DH conducted the presentation describing the work of the Research and Innovation Team. Future updates will be presented to the Board of Directors quarterly.</p> <p>DH advised that the National Institute for Health Research (NIHR) provide funds to support the delivery of portfolio research which are studies that have been adopted nationally. This funding has enabled SFHFT to employ a team of research nurses who help clinicians within the Trust to deliver research. Funding increased from £500k to £700k currently and is relatively stable, with some variation based on performance over the previous two years and a variation on NIHR's budget.</p> <p>There has been an increase in the recruitment of patients. The target for this year was 1200 patients, this was achieved by December. A new target of 1500 was set which will hopefully be achieved by the year end. DH stated that this year has been the most successful year for research recruitment with 27 new studies having been opened covering a wide variety of specialisms.</p> <p>DH explained studies are limited due to the current facilities and plans are underway to develop a dedicated research facility at SFHFT.</p> <p>RD enquired what costs would be required for a dedicated research facility at SFHFT. DH advised that an existing clinical area would be ideal as all that is required is an area to accommodate a consultation room and four beds. A space assessment is currently being undertaken to establish a suitable area.</p> <p>RD felt such an area would be quite easy to provide during the summer when there are less bed pressures. DH stated that at present all clinical space is either being used or is ring-fenced for winter pressures. Other space is available but is not set up for clinical delivery and would require capital outlay.</p> <p>AH advised that there had been dialogue with partners over the last three years with a view to developing a bespoke unit but unfortunately this has not been fruitful and in order to progress in this area, an internal solution will need to be sought. With regards to research, SFHFT are doing very well and this is an area that could be expanded.</p> <p>RD enquired if there was another strategic imperative which guaranteed sponsor income based on targets.</p> <p>DH advised NIHR's budget is not fixed and SFHFT's funding is dependent on NIHR's budget. Part of the funding is based on performance and part is based on delivery of research. There is a premium attached to commercial income which includes additional</p>		

	<p>money that can be used to support other research activity. Facilities would need to be developed for SFHFT to generate its own research to then be able to submit grant applications. This would be a long term objective but would enable the Trust to become more self-sufficient.</p> <p>TR felt that building on the success of SFHFT's research could be a niche area and help to attract new clinicians. DH advised that there is good evidence to show research activity institutions attract and retain staff.</p> <p>TR felt that although research may not be a priority for funding and capital at present it is something to look towards in the future.</p> <p>GW reiterated that a research facility at SFHFT would have a huge impact on recruitment. GW is currently working with Newcastle University on a research project and suggested there may be opportunities to develop relationships with Universities for commercial medical research. AH felt there could be synergies with Universities.</p> <p>KB advised that the communications department are supporting the research department with a dedicated team member. Press releases are being published and awareness is being raised to promote that research clinics are available at Newark Hospital as well as King's Mill Hospital. Research will also be highlighted on the Trust website.</p> <p>AH felt that consultant recruitment was going well and younger people with an interest in research are becoming attracted to the organisation.</p> <p>PM felt that this was a fantastic and vibrant research programme and something SFHFT should be proud of. PM suggested the research programme be aligned with the Quality Strategy and will liaise with DH accordingly.</p> <p>JM suggested that if the Trust agrees to focus on grants and partnerships to develop in this area, then a proposal should be presented to the Board of Directors.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>16/724</p>	<p>ADVANCING QUALITY PROGRAMME – UPDATE REPORT</p>		
<p>5 mins</p>	<p>PM advised the Advancing Quality Programme (AQP) is doing well, the Trust's position is as expected at this stage of the year. The difficulty around the uncertainty of the milestones has been recognised and discussions are in progress for developing plans for 2018/2019.</p> <p>Work is ongoing to increase the response and participation rate of the PASCAL survey to 40% so the data obtained is meaningful.</p> <p>PM advised that the implementation of Nervecentre has been a huge success for SFHFT. There has been a slight slippage in implementing this within Emergency Department (ED), however the programme in its entirety is anticipated to be complete by September 2018</p> <p>The Mortality Review Process was implemented last year and has been another success story for the Trust. The process is considered to be a</p>		

	<p>leading light by other organisations. Over the winter period, particularly December, there were a high number of deaths and this has put additional pressure on the process but work is ongoing to resolve that.</p> <p>The Hospital 24/7 Programme is on track and information suggests the Trust compares well with peers in the East Midlands.</p> <p>There has been a slight delay on the implementation and launch of the Dementia Strategy, but actions are in place to recover and approval is expected in March 2018.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>16/725</p>	<p>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</p>		
<p>55 mins</p>	<p>Quality</p> <p>SuB reported that currently the RAG rating in relation to dementia is red. In October/November anticipated concerns were raised for a number of reasons including the fact that the dementia nurse was on long term sick leave, the reporting was transferred to the Safeguarding Team from the Governance Support Unit and Emergency Department documentation was re-printed which did not include the section needed for reporting. The anticipated issues are now evident in the data. Significant work has been done, including close working with the Medical Lead and Nurse Specialist. The Head of Safeguarding is also working closely on this issue. The January data shows that first point of screening has dropped to 30%. At the point when a drop in figures became evident, the GP of every patient who was missed for screening was contacted to ensure those patients have either been screened or followed up in house if they are still in hospital. The February position is more favourable at 50% and further improvements are anticipated in March 2018.</p> <p>The Consultant and Nurse Specialist, together with Head of Safeguarding will conduct a deep dive, the results of which will be presented to the Patient Safety Quality Board (PSQB) in March 2018. The CCG are supportive of the actions being taken by the Trust to ensure patients are appropriately screened. GPs do have to do an assessment so there is assurance that these patients have been reviewed in relation to dementia. The Dementia Strategy has now been completed and will be submitted to Board for approval in March. There is also a workstream on the Advancing Quality Programme which is monitored fortnightly, specifically in relation to dementia.</p> <p>JM expressed concern that a change of responsibility for reporting had led to a drop in performance but was equally concerned that previous reporting may have been incorrect. SuB acknowledged this concern and advised that a deep dive will clarify the position with previous monitoring.</p> <p>JM enquired whether the Quality Committee had looked at the dementia changes. AH advised that the dementia changes had not been reviewed by the Quality Committee as it had been agreed that this would come directly to the Board of Directors subsequent to a review by the PSQB in March 2018.</p>		

SuB advised that national figures have seen a significant increase in patients who have breached mixed sex accommodation and a letter has been circulated suggesting organisations would be fined. However, SFHFT have maintained no breaches of same sex accommodation.

In reference to infection control, there were two case of C-diff in January 2018. There have been a total of thirty cases YTD which is well below the Trust's threshold of forty eight. There have been no cases of MRSA bacteraemia, but there have been four cases of e-coli bacteraemia. One ward was closed for six days due to norovirus. The continued peak in flu infections has been compounded by residential and nursing homes being closed to admissions because of flu.

There has been a reduction in falls this month and lots of proactive work is being done in this area. Harm free care continues in positive position, as does tissue viability.

SuB reported the increase in demand for inpatient medical beds has led to a change in use of some speciality beds. This in turn has led to an increase in the use of temporary staffing due to the change of case mix but also because of sickness amongst staff. New staff are still being recruited although staff are also leaving for a variety of reasons. 14 registered nurses were recruited in January 2018 and an additional 7 registered nurses joined the Trust's bank. A nursing assessment day is taking place on 23rd February 2018.

JM enquired as to which areas within quality were of particular concern to SuB. SuB confirmed that dementia and staffing were most concerning. Dementia being of particular concern as whilst being aware of the issues, it is still unclear why the figures are different and work to understand this is still ongoing.

JM enquired whether proactive programmes were in place to monitor falls, infection control, etc. SuB stated the organisation is recognised as doing good work in relation to falls. Staff are proactive and aware of the work the Falls Lead Nurse does as she attends all the ward assurance meetings. There is also good and proactive work being conducted in relation to infection control. Tissue viability issues peaked at the end of last year and the team have worked hard to address that.

SB advised that Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DOLS) have previously been an issue. However, a significant amount of work led by the Head of Safeguarding has been undertaken. The way training is delivered has been revised and feedback from the new style training days is good. The work being undertaken in this area provides confidence that the issues in relation to dementia will be resolved as it has the same lead.

RM stated that the risks around dementia and staffing, particularly in Emergency Admissions Unit, pharmacy and medical wards had been identified at a Senior Leadership Team Performance meeting.

AH stated that workforce was still a concern and although SFHFT have done well comparatively over the past 12 months, the national trend is still concerning.

SuB stated that a workforce gap analysis report will be presented to the Board of Directors on 29th March. There is some national guidance regarding nurse and maternity staffing and there are indications that NHSI intend to look more closely into staffing reporting in the future. SuB felt that by conducting a gap analysis, SFHFT are taking a proactive approach in relation to this.

JM acknowledged that some of the processes underway in terms of safety are an important part of assurance. SFHFT has some good practices in place including allocating sessions in consultants' time and providing them with training to do investigations and whilst the figures are important, knowing good processes are in place provides extra assurance for the Board of Directors.

OPERATIONAL

SiB reported the Trust had achieved all cancer standards during December and considered it a positive indication, particularly the achievement of the 62 day standard as this is the first time the Trust has achieved this standard in five months. It is expected that this will be achieved again in January but the validation is not yet complete. There is still more work to do around the forensic, micro-management of the pathway. The aim is for this position to be sustained from March 2018. The backlog, which is one of the sustainability indicators, is at its lowest point this year which is also very positive.

RM explained that it is anticipated that the Trust will fail the standard in February due to concentrating on the longest waiting patients as this is a key driver in delivering sustainably from March onwards.

SiB advised SFHFT achieved 87.2% in January against the target of 95% for 4 hour performance. This performance is similar to that of December and places SFHFT 37th of 138 trusts. Only 3 Trusts achieved the 95% standard in December. Some of the themes in January 2018 are similar to those of December 2017 and are predominantly an increase in respiratory admissions in older people, an increase in ambulance arrivals and longer stays in hospital. An escalation plan was implemented to control very long waiters and none were encountered in SFHFT in January 2018.

RD enquired whether measuring performance against the national NHS median 4 hour wait was something that had been recently introduced. SiB explained SFHFT is still aiming to achieve 95% in relation to the 4 hour performance target but felt that the NHS median would provide context. JM added that the value of this information is to understand how SFHFT is viewed by the regulator

GW expressed concern that the gap between SFHFT and the national median is closing quite significantly.

It was AGREED the weekly Urgent & Emergency Care System Performance Report, prepared by SiB was useful and should continue to be sent to all members of the Board.

SiB reported elective care had broadly stabilised from the previous month which in light of postponing all in-patient elective care, was positive although more work is required in this area. There are 21 over

52 week waiters which is mainly due to overdue reviews highlighted as a result of the data validation process. The diagnostic standard was marginally missed in month although it is expected to achieve in February.

With regards to the work that is being conducted on the data validation backlog, RD enquired what the impact is expected to be. SiB stated that the number of patients that will be validated month on month until the end of the year needs to be established. The number of patients likely to become long waiters can then be understood. This will provide an idea of what to expect by the end of the year.

AH advised the Data Quality Group are currently considering option appraisal around bulk closure because with the resources available and the current rate of validation, the validation won't be completed until the end of 2018/2019. The Data Quality Group aim to make a clear recommendation to the Executive Team, which will subsequently be submitted to Board in March for approval

JM queried if the Trust is undertaking the number of day cases it should be and also queried the effectiveness of pre-op arrangements. SiB stated the daycase unit is incredibly effective and is one of the reasons Referral to Treatment (RTT) performance has remained stable over the last month. This does however raise the question why this performance can't be achieved in a normal month. SiB confirmed that the day case rate was as expected for the case mix.

SiB advised there is more work to do regarding pre-operative assessments. There are cases which have to be cancelled on the day of surgery for clinical reasons, some of which could be avoided if an improved pre-operative assessment process is implemented. This is included in the work plan for theatres for 2018/2019. PR added work is also underway to consider why lists are re-ordered on the day and start times delayed. RM advised that the Trust intends to increase the number of patients who have their pre-operative assessment on the same day as their outpatient's appointment. Progress has been made but further work is required. SiB added that alternatives to face to face pre-operative assessments where appropriate, are also being explored.

ORGANISATIONAL HEALTH

JB reported that sickness absence has increased to 4.7% and has worsened the staffing situation, particularly as a lot of sickness is short term due to seasonal illnesses and has occurred during or immediately prior to shifts commencing. The sickness rate in January 2018 is higher than for the same period last year. The sickness rate is also at the highest level it has been all year and considered to be mainly the effect of flu and ear, nose and throat illnesses. SFHFT has had a high take up of the flu vaccination with nearly 80% of front line staff having been vaccinated. However, despite having had the flu vaccination some staff have still been affected by seasonal illness.

Urgent & Emergency care have achieved an absence rate of 3.55%, which is good considering the challenging winter period. JB advised the sickness policy is being rigorously applied and anticipated absence levels would reduce in February 2018.

JB advised there have been more new starters than leavers in month for January 2018 which is as expected. Despite this, there has been an increase in Band 5 nursing vacancies although some of this can be attributed to internal promotion or staff reducing working hours. There has been some recruitment success with assessment centres, offers are being made to next year's student out-turn, although they won't commence with the Trust until August / September 2018.

There has been an assessment day held for Health Care Support Workers (HCSW) and a further assessment day is planned in February, alongside a nursing assessment day. HCSW recruitment has been increased to replenish the virtual ward establishment who are used to fill ward based vacancies. This process enables the ward vacancy to be filled quickly but leaves vacancies on the virtual ward.

JB advised appraisal performance is 94% against a target of 95%. Mandatory training is 94%, which is 4% above the target. This position has been held all year and given the challenges to release staff for training and the time required for appraisals to be conducted, JB felt this is a positive position for the Trust.

RM stated that work is currently underway with Divisions to improve staff engagement scores. Staff survey results will come out of embargo at the beginning of March and will then be communicated throughout the organisation. A Pulse Survey will be conducted in March to 'sense check' key questions. The Pulse Survey will be conducted thereafter on a quarterly basis.

AH advised that regional vacancy rates were recently published for nurses and medics and show that the Midlands and East regions have around a third of the national medical vacancies.

GW queried how sickness absence levels at SFHFT compares to other acute hospitals where take up of the flu vaccination among staff was lower. JB stated that comparative figures are not yet available.

RM added that SFHFT was ranked fifth of Trusts across the Midlands and East in terms of the uptake of flu vaccinations but whilst there has been a good uptake, there is a wide variation across staff groups. Nurses and qualified medics have a lower uptake, so there are areas for improvement.

JB confirmed that the four strand vaccine will be used by SFHFT for 2018/2019 as it is considered to offer better protection.

JM noted that some e-mails had been sent out asking staff to work extra shifts and enquired if enough has been done to thank staff for responding and for their efforts through winter. SuB felt a further communication should be circulated from the Board of Directors and advised that where staff have gone above and beyond, SB has thanked them personally. TR suggested using thank-you cards.

RM stated that other organisations use thank-you cards and this is being considered by SFHFT. A letter to all staff will be included in February's payslips thanking them for their efforts over winter and to remind them of the imminent CQC visit. In addition, Executive Team

	<p>members, individually and collectively, have been to specific areas to thank staff.</p> <p>TR enquired about the general feeling of staff within the Trust regarding the forthcoming CQC inspection. RM stated indications from staff are extremely positive as staff welcome the opportunity to explain to the CQC how proud they are of the services they are providing. There is an awareness of the importance of forming an authentically positive impression to the CQC. Staff feel tired as they are coming out of winter but are embracing the opportunity. The Trust is aware of risks and areas requiring improvement. However plans are in place to articulate what is being doing to address them. SuB added staff are ready for the visit. Some areas know what they want to improve and what action needs to be taken to achieve it. There is a concern amongst Sisters staff will raise the issue of the Trust's staffing position which will continue to be monitored.</p> <p>JM felt that staff are positive because real improvements have been made and staff want to show the work which has been done as they are proud of what has been achieved. People want it to be seen as part of the Trust's progression and although the CQC visit is important the progress has not been done for their benefit.</p> <p>RM stated the message to staff is that the CQC coming does not change how we work. It is an opportunity to evidence the improvements over the last couple of years, but also recognition the Trust is on a journey and the CQC visit is just part of that journey. There is a real energy at Newark Hospital. RM felt that of the three sites, Mansfield Community Hospital could be a risk, although the update regarding neurological rehabilitation on Chatsworth ward is a good message. Executive Team members have visited Oakham and Lyndhurst wards to re-emphasise to staff they are doing a good job and Mansfield Community Hospital is a key part of this organisation's future.</p> <p>FINANCE</p> <p>PR advised that with the exclusion of the Sustainability and Transformation Funding (STF), the January position was £3.0m deficit but this is in line with forecast and despite operational pressures in month. This represents a figure of £400k better than plan. The YTD position is £37.8m deficit, which is £750k worse than plan. The forecast position is held at £45.5m deficit, which is £910k favourable to that which the Trust is required to hold for the winter monies to be received in Tranche 1.</p> <p>When STF is factored in, YTD position is a deficit of £32.4m which reflects non-receipt during Q3 for financial control total delivery and Q2 and Q3 for non-delivery of the ED performance standard. The forecast assumes receipt of Q3 and Q4 financial STF control total target as the control total was achieved for the year and currently reflects achievement of the ED performance standard during March.</p> <p>As such that would leave a post STF deficit of £38.0m which is £420k adverse to the plan that was set.</p> <p>In terms of cost improvement, at the end of month 10 the Trust is ahead of plan by £310k and expects to deliver at year end.</p>		
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	<p>Despite increases in month due to winter pressures, agency spend continues to be below the monthly ceiling and below the YTD ceiling. It is anticipated that the regulator's agency ceiling will be achieved at year end.</p> <p>Funds have now been released for the capital programme and it is expected that full delivery, as agreed with NHSI, will be achieved by year end. Cash liquidity remains good and on plan for year end.</p> <p>NG expressed the view that there is a good degree of confidence that control totals can be delivered this year. The risk range on the outturn has reduced slightly. There is a £6.0m downside risk at present relating to CQUIN and Commissioner challenges. It was noted that PR has worked closely with Commissioners to mitigate this.</p> <p>GW acknowledged the amount of work that has gone into providing the confidence that the control total can be achieved. However, GW expressed concern that if underperformance of Divisions continues, next year's starting point would be negative and therefore difficult to achieve.</p> <p>PR explained that January's performance for the Surgical Division is distorted due to elective capacity that was not factored into the forecast or plan and whilst day case activity did take place, and at a greater rate than was originally planned, it did not fully compensate for loss of income. In non-elective terms the Trust was over plan for January 2018. The plan was that throughout Q4, system-wide schemes would start to deliver but unfortunately during January 2018 that wasn't achieved. There were some productivity gains during January 2018 in general, but it was acknowledged that Divisional performance is not strong. This has been factored into plans for next year but it is something the Trust needs to manage better.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>16/726</p>	<p>WINTER PRESSURES</p>		
<p>10 mins</p>	<p>SiB advised that the Winter Plan, compared to last year, contains fewer beds both at SFHFT and in the community. Staffing is a daily challenge and constrains the ability to flexibly open extra capacity safely. The key actions being taken are SiB continues to Chair every capacity meeting and elective care is being restarted.</p> <p>NG expressed the view that although the Winter Plan did look realistic at the time it was approved, the Trust has been caught out by increases in demand.. NG felt that sensitivity analysis is required in future and enquired if it is possible to 'stress test' the organisation with a 'trial run' of winter in July.</p> <p>SiB stated there is a need to look at the seasonality of beds and how these are opened and closed. However, the Trust is constrained by safe nurse staffing levels. There were 652 beds open in February 2017 compared to 630 this year, these were all medical beds and equates to a ward.</p>		

	<p>RM added the Winter Plan was superseded by the strong recommendation from NHS England to stop elective surgery, which the Trust responded to.</p> <p>JM suggested in future the Board of Directors hold earlier discussions regarding winter planning. Additionally, if staffing constraints are expected to increase, consideration as to how to escalate this risk across the system should be made.</p> <p>RM advised he is now Chair of the A&E Delivery Board and discussions regarding winter 2018/2019 have already commenced. The national expectation is Winter Plans will be submitted in April / May 2018. RM felt it important to obtain a clear oversight of external capacity because externally things have changed this winter compared to previous winters. All planned changes need to be understood in order for SFHFT to respond effectively. There is a need to learn from this winter and to have a better plan in place for 2018/2019. Easter is approaching and can be just as difficult as any 4 day period over winter so there needs to be a strong plan in place which will be presented to the Board of Directors in advance.</p> <p>AH stated it will be necessary to have escalation plans in place as the Trust moves forward into the new integrated world. There is a need to establish what will happen in bad winters if the lack of staff increasingly restricts the ability to open up extra capacity. Vaccinations in care homes need to be increased to over 90% and discussions need to take place with EMAS to avoid unnecessary conveyances.</p> <p>SuB stated that some organisations pushed the risk in relation to staffing, SFHFT drew a line in relation to beds and SuB felt that it was the right thing to do.</p> <p>Actions:</p> <ul style="list-style-type: none"> • <i>Easter plan to be communicated to Board members before March Board meeting</i> • <i>Board to be updated on Winter planning for 18/19 at March board meeting</i> 	<p>SiB</p> <p>SiB</p>	<p>29/03/18</p> <p>29/03/18</p>
<p>16/727</p>	<p>ASSURANCE FROM SUB-COMMITTEES</p>		
<p>1 mins</p>	<p>FINANCE COMMITTEE NG advised the additional meeting of the Finance Committee planned for 15th February was cancelled due to new planning guidelines being issued by NHSI.</p>		
<p>16/728</p>	<p>COMMUNICATIONS TO WIDER ORGANISATION</p>		
<p>1 min</p>	<p>The Board of Directors agreed the following items would be distributed to the wider organisation:-</p> <ul style="list-style-type: none"> • Co-ordination of thank-you's to staff • Research Programme • Winter update • Falls – key messages 		

	<ul style="list-style-type: none"> • Reiterate the 5 Strategic Priorities • End of year position 		
16/729	ANY OTHER BUSINESS		
^{1 min}	No other business was raised.		
16/730	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 29th March 2018 in the Boardroom at King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12:00.</p>		
16/731	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>		

16/732	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	No questions were raised.		