

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 09:00 on Thursday 25th January 2018 in the Boardroom, Newark Hospital

Present:	John MacDonald	Chair	
	Ray Dawson	Non – Executive Director	RD
	Neal Gossage	Non-Executive Director	NG
	Graham Ward	Non – Executive Director	GW
	Claire Ward	Non – Executive Director	CW
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer	PR
	Simon Barton	Chief Operating Officer	SBa
	Shirley Higginbotham	Head of Corporate Affairs & Company Secretary	SH
	Dr Andy Haynes	Executive Medical Director & Deputy Chief Executive	AH
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	
	Kerry Beadling-Barron	Head of Communications	
	Julie Bacon	Executive Director of HR & OD	JB
	Paul Moore	Director of Governance & Quality Improvement	PM
In Attendance:	Joanne Walker	Minutes	
	Phil Bolton	Deputy Chief Nurse	PB
	Fran Platts	Therapy Operational Manager For Community Services Diagnostics & Outpatients Division	FP
	Victoria Pashby		VP
	Anthony Rosevear	Assistant Chief Operating Officer	AR
Observers:	Jim Barry	Governor	JBa
	Lucy Millard	Newark Advertiser	
Apologies:	Tim Reddish	Non – Executive Director	
	Suzanne Banks	Chief Nurse	

Item No.	Item	Action	Date
16/681	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.		
16/682	APOLOGIES FOR ABSENCE		
	Apologies were received for Tim Reddish - Non – Executive Director.		
16/683	DECLARATIONS OF INTEREST		
	JM declared his position as Chair of the Better Together Alliance Leadership Board.		
16/684	PATIENT STORY – THE LUNGS, THE WAIT AND THE WALKING FRAME		
30 mins	<p>VP presented the patient story. AH stated that it was very humbling to see the lengths staff go to ensure high quality patient care. This patient had gone through many months of resource and expensive care procedures that she will benefit from. AH conjectured that the patient may not have reached this stage with the quality of life she now has, had she been cared for elsewhere.</p> <p>FP felt prehabilitation was just as important as rehabilitation.</p> <p>GW stated that at times it can be frustrating when things that we depend on are out of our control but this story shows that staff did go above and beyond to ensure the discharge was made for this patient.</p> <p>JM enquired if such concepts are being built into discharges early enough and if earlier planning was required. AH advised that the Prioritisation Group are very much focussed on complex patients beginning their rehabilitation plan. This pathway is developing, the group met early in Nov and also in January. AH concurred that it was important to get ahead with some of the more complex discharges for patients who are having more complex procedures.</p> <p>NG felt the story was a great example of patient centred care but enquired if appropriate insurance arrangements were in place when transporting patients to their homes. VP advised that staff have business insurance. FP advised that risk assessments are conducted prior to transportation.</p> <p>RM felt that the patient story was powerful and well thought through. Fernwood ward moved location this winter and RM expressed his gratitude to staff for supporting the re-location. RM advised that it was very important to continue to deliver a high level of care, despite the pressures. Teamwork is important and there are those individuals, as highlighted in this story, that go above and beyond what is expected of them.</p>		

	VP was nominated and won clinical star of the month and also had national recognition by NHS Providers and was nominated a “Winter Hero” two weeks running.		
16/685	MINUTES OF THE PREVIOUS MEETING		
	Following a review of the minutes of the Board of Directors in Public held on 21 st December 2017, the Board of Directors APPROVED the minutes as a true and accurate record pending the above amendments.		
16/686	MATTERS ARISING/ACTION LOG		
2 mins	<p>For action 16/635.4, JM advised that at a meeting of Alliance members and the STP, good things were demonstrated but there is a huge amount of work to refresh and reset the Alliance work and to establish how all parties will work together. JM advised that a Board Workshop will be held in April to provide an update to the Board of Directors.</p> <p>The Board of Directors AGREED that actions 16/532.3, 16/632.1, 16/632.3, 16/635.4 and 16/665 were complete and could be removed from the action tracker.</p>		
16/687	CHAIR’S REPORT		
3 mins	<p>JM presented the report advising that work continues to enforce action against smokers on the site, which is difficult in some circumstances. JM felt it important to be clear about how individuals are supporting people that enforce the smoking ban.</p> <p>PM advised that a communications had been distributed on 24th January advising that patrols are taking place. Individuals are being asked to extinguish cigarettes and are moving on.</p> <p>GW suggested signage be erected at the front entrance to KMH to raise awareness.</p> <p>JM reflected on the winter period and acknowledged it had been particularly difficult this year. JM felt it important to recognise the work of staff including, non-clinical staff as there has also been a huge increase in their workload during this period.</p> <p>JM advised that for stroke service, SFHFT are highly regarded and the indicators show that this Trust is amongst the best for these services. JM felt it important to keep this in mind when considering other difficult challenges.</p> <p>The Board of Directors were ASSURED by the report.</p>		
16/688	CHIEF EXECUTIVES REPORT		
3 mins	<p>Winter</p> <p>RM presented the report advising that SFHFT are still in the middle of winter which has been undoubtedly the most difficult on record, particularly linked to this are the high level of flu cases. RM felt staff should be proud of the high level of care that has been delivered under such difficult circumstances.</p>		

	<p>On behalf of the Board of Directors, RM expressed gratitude to both clinical and non-clinical staff who worked over that period and to staff who have undoubtedly performed above and beyond on a day to day basis.</p> <p>Staff Survey RM was pleased to advise that the Staff Survey staff engagement scores for 2017 show further improvements to those achieved in 2016. There is a big correlation with good staff engagement and the ability to provide high level quality of care for all. The primary driver is staff engagement, where staff feel supported and accountable for their services.</p> <p>Care Quality Commission RM felt that the forthcoming Care Quality Commission (CQC) visit provided an incredible opportunity to explain to the CQC the further improvements that have been made within the Trust. A partial review was conducted in 2016 and on the services and domains visited, the CQC saw across the board improvements. Inspectors will meet staff, volunteers and patients across all three sites which RM felt was a good opportunity to see how far the organisation has advanced on its journey. CQC reporting now takes place on an annual basis and RM is confident that improvements will be evident year on year. RM was optimistic that these and further improvements across the organisation will be evidenced.</p> <p>JM advised that the CQC don't expect every issue within the Trust to be perfect but they do expect a plan to be in place to resolve any issues.</p> <p>Smoking / Car Parking Smoking and car parking issues continue to provide high levels of frustrations to staff and to patients. As an organisation, these concerns are being heard and responded to with the implementation of actions. Attempts are being made to ensure that parking is as easy as possible. RM recognised that this has not yet been fully achieved but progress is being made. A clearly articulated plan that staff can identify with will be compiled within the next few months.</p> <p>JM stated that compared to nine months ago, car parking is tighter. One of the attractions to potential staff joining the Trust is access and car parking and JM felt it important not to lose that advantage. JM enquired when the car parking strategy will be available to the Board of Directors. RM advised that the Trust are recruiting more staff which adds to parking pressures. Estates have flexibly opened an additional 25 car parking spaces and agreements have been made with attendants that as long as parking is safe, fines will not be incurred. Parking attendants can also direct staff to available spaces and if none are available, will instruct staff to use public car parks without incurring additional charges. The Head of Estates & Facilities has engaged an independent company to review the car parking options across all three sites</p> <p>JM felt that the balance between staff and patient parking was difficult but important to recognise the problem and plan to resolve it. JM suggested communications be circulated to inform staff that this is a recognised problem and work is underway to resolve it.</p>		
--	---	--	--

	<p>PW advised that the independent survey will consider sustainability and explore other options that are available including green travel, public transport and car sharing.</p> <p>RM felt that progress had been made with regards to gritting on the sites.</p> <p>Action: Car parking plan and smoking plan to be submitted to the Board of Directors</p> <p>Sustainable and Transformational Partnership (STP) and Alliance Working</p> <p>RM advised that it is clear that at present, the local health system is part of the wider NHS which is struggling to maintain high quality of care and access standards whilst delivering financial viability.</p> <p>Previous positive conversations have been held regarding the importance of setting the right tones and behaviours. Collectively, RM felt that all parties are motivated by the same thing, delivering high quality of care consistently to patients. A present challenge is that this motivation is not always consistently evidenced in the behaviours of organisations and individuals within those organisations. The next three months will be difficult. Recognising that partners are in a difficult position, it is important to work as effectively as possible with health and social care partners and whilst we maintain financial viability collectively, it is important not to lose sight of quality and access.</p> <p>The Board of Directors were ASSURED by the report.</p>	RM	26/04/18
16/689	NEWARK STRATEGY IMPLEMENTATION PROGRESS REPORT		
	<p>AR presented the report advising that the Newark Strategy is a community shared plan to ensure that local services meet the needs of the people of Newark.</p> <p>AR advised that the activity dashboard shows that operational activity has increased whilst surgical and medical procedure activity has sustained. Over the last period, breast surgery has benefitted from a charitable fund donation to purchase new equipment that has enabled a broader range of treatments to be offered at Newark Hospital.</p> <p>New equipment has also been purchased within gynaecology services that has enabled the range of hysterectomy procedures to be broadened, this increased capacity.</p> <p>AR acknowledged the requirement for continued work to ensure that wherever possible, Newark patients are having procedures at Newark Hospital. A lot of work has already been done to identify those opportunities and the site will focus on orthopaedics going forward. AR welcomed the appointment of Mr Gale to the Trust who is a wrist and hand surgeon. A neurologist will also be joining the Team in February 2018.</p> <p>Minster Ward was initially a surgical ward but was changed to medical day case procedures two years ago.</p>		

	<p>This expansion has been further developed with the implementation of ambulatory care pathways which has considerably increased capacity.</p> <p>Claire Wilkinson - Consultant Rheumatologist, has been developing policies regarding the administration of rheumatology drugs which will enable them to be provided on Minster Ward. AR advised that staff engagement has been very good, staff have taken on extended roles and nurses have welcomed the opportunity to develop additional skills and competencies.</p> <p>AR was proud of the level of service and performance provided at Newark Hospital with regards to Urgent Care and advised that access is always above 97% for the 4 hour standard. Friends and Family Test responses are high and patient feedback is good.</p> <p>AR advised that the Trust are currently supporting the local Clinical Commissioning Group with the implementation of an Urgent Treatment Centre (UTC) on the Newark site. This is a national driver from NHS England who intend to implement UTC's to give a minimum standard and service offering for urgent care in local health economies. Their ambition is to have 150 of these facilities in place early this year with all local health economies having UTC's by December 2019. Local Commissioners have expressed an ambition to have a UTC in Newark by March 2018. SFHFT are supporting and advising with regards to the clinical model and governance framework that could support that model. AR and Ben Owens - Clinical Chair for the Urgent Care Division are leading from the Trust's perspective. The predominant difference to what Newark Hospital provides at present is a shift to a more primary care led model and access to directly bookable appointments by 111, alongside walk ins. The CCG have reiterated and confirmed that they wish to continue to commission access to 24 hour urgent care at Newark Hospital.</p> <p>AR advised that the winter plan was implemented and on 27th December Fernwood Ward was co-located with Sconce Ward to make the best utilisation of resources and maintain safe staffing levels. Staff continue to be supported to continue to deliver safe and effective care to patients.</p> <p>78% of staff have responded to the Staff Survey. It has been 11 months since there has been a hospital acquired infection at Newark Hospital. AR felt that both were testament to staff.</p> <p>RD enquired as to Newark Hospital's current market share and future aspirations. AR advised that initially, knowledge of market share was minimal and subsequently a lot of work was conducted to understand it. Sam Clarkson - Data Analyst has compiled a suite of information to articulate what the current market share is, by specialty level and by procedure level. A three year trend of GP Practices is now available. This has enabled more informed conversations with GP Practices and a targeted approach, focussed around particular specialties for particular practices.</p> <p>RD enquired where Newark Hospital needs to be with regards to market share. AR advised that individual targets have been set by practice.</p>		
--	--	--	--

	<p>RM stated that if comorbidities etc., are factored in against treatments and procedures provided at Newark Hospital currently, along with GP's and surrounding postcodes, the market share is 60% - 70%.</p> <p>NG noted that volume in endoscopy has been lost in the last quarter against the previous year and against YTD but capacity at KMH is difficult. NG enquired if there is any opportunity to transfer patients from KMH to Newark Hospital to increase that capacity. AR advised that only diagnostic endoscopy, not therapeutic, can be conducted at Newark Hospital and the service is run from 09:00 – 17:00 Monday to Friday so there are limitations although there may be an opportunity to run evening and weekend sessions at Newark Hospital.</p> <p>JM enquired how SFHFT can become financially sustainable and how can Newark Hospital become financially sustainable. How much income growth is required? JM felt it important for the Board of Directors to consider scenarios and to understand the parameters of achieving that.</p> <p>CW enquired what impact the UTC would have with regards to activity and given the CCG is leading, enquired how much influence SFHFT is having on communications to patient groups, GP's and the wider communities to encourage the use of the UTC. AR did not envisage displacing a significant number of patients and confirmed that engagement in communications and the attendance at public events has been good to ensure that the message is as clear and consistent as possible. CW enquired if the name would be changed from Urgent Care Centre to Urgent Treatment Centre. KB confirmed it would.</p> <p>GW felt that the general feeling with regards to the services that are provided at various establishments is already confusing and that members of the public will become even more confused by the change to UTC's.</p> <p>GW requested that future reports contain aspirational targets and show how they fit into financials. KB advised that this would be included in future reports.</p> <p>RM on behalf of the Board of Directors thanked AR and the Teams at Newark Hospital for the progress they have made. Newark Hospital is a powerful and important part of SFHFT's three site Trust. Visibility and market share has improved and the CQC visit will provide a good opportunity to show the progress thus far.</p> <p>Actions:</p> <ul style="list-style-type: none"> • <i>How to ensure the financial security of Newark Hospital to be considered</i> • <i>Newark Hospital's market share and future targets to be included in the next update report</i> <p>The Board of Directors were ASSURED by the report.</p>	<p>PR</p> <p>PW</p>	<p>TBC</p> <p>TBC</p>
--	---	---------------------	-----------------------

16/690	SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT		
33 mins	<p>QUALITY</p> <p>PB advised that falls were above the national average although there had been a decrease during December 2017 and a significant decrease during January 2018. Three falls with significant harm have been recorded where patients sustained fractured hips or long bone fractures during December 2017 which will be investigated by PB. The decrease is due to the significant work being led by the Falls Team.</p> <p>SFHFT have been asked to participate in the National Falls Conference which PB felt was testament to the work the Falls Team are doing. The Falls Team are eager to share this work at a national level and to be involved in national benchmarking.</p> <p>One deep tissue was reported in December. The patient spent a prolonged period of time in ED therefore route cause analysis and review work was conducted in ED. Assessment documentation has been changed as a result of this.</p> <p>Infection control is positive with only one case of c-diff recorded in December. PB felt the norovirus outbreak was well managed in a controlled manner and in view of the throughput and increased activity during this period, testament to the staff. Some other local Trusts have closed wards as a result of this outbreak.</p> <p>There have been 12 new cases of Flu in the last 24 hours so the outbreak remains prevalent. SFHFT have recorded over 100 cases in total, 10 – 15 per day. This has hindered the existing pressures as patients have to be isolated. Staff have managed in a positive and controlled way despite the pressures. Flu immunisation uptake has been outstanding with over 78% of SFHFT's front line staff being vaccinated. The immunisation of staff against flu continues.</p> <p>PB advised that there had been a significant decrease in screening of dementia patients at the front door within ED and this has dropped to below 70%. The initial cause of the decrease was due to a change in documentation whereby the dementia screening question was not included in the re-print, so patients did not receive the question. A plan to rectify the documentation was implemented immediately followed by a full case review. All GP's have also been contacted to ensure that there is an opportunity for that screening to take place.</p> <p>PB advised that staffing had been a big challenge due to the increased activity, the opening of extra beds and the management of patients with influenza. This has stretched the workforce and in addition staff have also been affected by these illnesses which has increased sickness absence.</p> <p>Only one area is flagged as red with an underfill. There has been no occasions where staffing levels were inappropriate. The underfill was due to activity under being under capacity. The significant overfills are where the acuity of patients has increased and enhanced observations and 1 to 1 care have been implemented. This again relates to cases of influenza where patients have been cared for in isolated units.</p>		

NG noted that for falls, the report states that there were 3 Datix incidents where staff were not available to cover enhanced observations. The report also states that the Enhanced Observations Policy is not being adhered to. NG enquired if SFHFT was running in a safe way if the policy is not being adhered to and if staff aren't being provided to conduct those observations. PB assured that the key part of the policy is that patients have 4 different levels of enhanced care and it doesn't necessarily mean that additional staff are required. It informs the level of supervision the patient requires which is often manageable within the existing workforce of the ward. PB felt it important for staff to understand that it is not always necessary to request an extra member of staff. The enhanced patient observation process will be re-launched next month. The virtual ward pool has been increased and now has 37 HCA's that can be despatched to an area in need of additional support. AH advised that staffing and 1 to 1 care is a dynamic conversation that occurs at bed meetings and through the flow teams, four times throughout the day and overnight with the out of hours team. Additionally, there is another dynamic process that reviews all cases. Incidents of falls are reviewed very carefully by the Scoping Group who as part of the review, will very carefully consider if staffing has been a relevant factor or not. So far, staffing in relation to falls has not been a theme.

JM expressed concern that the report identifies themes in a few areas whereby procedures are not being followed. PM stated that a causal factor analysis was conducted last year which highlighted failure to follow policy as the single biggest underlying issue and a feature in serious incidents. A causal factor analysis has been initiated for the first six months of this year. PM felt that the data from this analysis will help to clarify to the Board of Directors the different ways in which policies are not being adhered to.

JM noted that the report also shows huge variability with regards to dementia screening, particularly in May 2017 and November 2017. Inconsistent variability is more concerning. The matter in November 2017 as explained earlier was due to documentation which has now been rectified. JM enquired what had occurred in May 2017 to cause the dip. AH advised that the system was changed in May 2017 to improve the response rate, which it did and more recently the change in documentation impacted on the initial changes that were made. PB advised that the dementia nurse specialist was absent for a long period of time and the process was reviewed. There is now a designated data analyst. The escalation processes has also been reviewed. PM advised that dementia screening was discussed at the Senior Leadership Team meeting and focussed work will be conducted.

RD noted that there was a steep increase in the percentage number of falls from July 2017 to November 2017 but that this stabilised slightly in December 2017 and the anticipated winter pressures do not appear to have worsened the position, it seems to have improved.

PM alerted the Board of Directors to the possibility that that the level of reporting in December 2017 and January 2018 may be lower as there is a risk of under reporting falls due to the extreme pressures and insufficient time to report incidents.

<p>CW expressed extreme concern that staff are under so much pressure that effectively falls are being underreported and enquired what else can be done to support staff to help to mitigate the problem. CW also expressed concern with the accuracy of the information contained within the report. AH stated that statistically, two points on the falls graph have increased and whilst this looks steep, it is not statistically significant. The response to the peak in November was to implement a series of deep dives and actions. In order to provide assurance to the Board of Directors regarding the possibility of underreporting of falls, AH proposed further analysis be conducted to establish measures that will ensure a genuine decrease back to within the national average. This data will then be presented to the Board of Directors. RM advised that it was highlighted at a recent NHSI Good to Great event, that some graphs can provide false assurance and statistical controls were discussed. RM fully supported AH's comments and proposed the analysis be conducted via PSQB and reported to the Board of Directors by means of the Quality Committee's monthly report.</p> <p>JM stated that due to the uncertainty around the level of assurance the Board of Directors has regarding the reporting of falls and whilst this is still within the acceptable limits, confirmation is required.</p> <p>JM had conducted the mandatory Infection Control training that consisted of a 5 minute practical hand washing exercise. Whilst this was a good exercise, JM stated that there was no context or statistics to support the training. JM also noted during visits across the Trust that the use of hand gel is variable. JM suggested an on-line programme followed by a practical assessment.</p> <p>PM advised that there had been three serious incidents reported in December 2017. Two falls which resulted in patients with long bone fractures and a third case was a never event in dermatology. An exception report was provided within the report for Friends & Family Testing. JM enquired if the outcome of investigations was reported to the Quality Committee. AH advised the outcomes are discussed at high level in the Quality Committee. JM requested that PM liaise with the Quality Committee to establish the required level of assurance.</p> <p>Actions:</p> <ul style="list-style-type: none"> • <i>An interim report regarding the potential under-reporting of falls to be submitted to the Board of Directors</i> • <i>Deep dive into falls to be conducted</i> • <i>Mandatory infection control training to be reviewed</i> • <i>Establish level of assurance required by the Quality Committee regarding serious incidents and never events</i> <p>OPERATIONAL</p> <p>SBa advised that for December, SFHFT achieved 86.4% against the target of 95% for the 4 hour performance target. SBa explained that there are some underlying issues to address regarding 4 hour performance and plans are being implemented, the details of which was well rehearsed in the recent Board Timeout.</p>	<p>PB</p> <p>PB</p> <p>PB</p> <p>PM</p>	<p>22/02/18</p> <p>22/02/18</p> <p>22/02/18</p> <p>22/02/18</p>
--	---	---

Sba advised that there were demand surges in respiratory areas late in December 2017. Newark Hospital continues to achieve 98% as does PC24. The issue mainly relate to admissions at KMH. In December 2017 there was an average of 5 additional admissions per day. Cumulatively this equates to 150 additional patients in medical who are predominantly on respiratory pathways, some of which related to flu. This increase leads to departmental overcrowding which was the main issue.

Sba was disappointed to advise that 7 patients had waited in excess of 12 hours for a bed. Route cause analysis has been conducted on all patients and potential harm to those patients is being assessed. A system of escalation around long waiting patients has been implemented whereby gold on call are notified after 8 hours. If there is no plan then the matter is escalated to RM. SBa felt that this process will help to ensure that no more patients encounter unacceptable long waits.

SBa advised that the Winter Plan was fully implemented. Inpatient planned surgery was postponed during January as per NHS England Guidance. Ward 21 was converted to a medical ward to accommodate some of the medical patients. SBa felt that these and other winter actions taken by the Trust has enabled SFHFT to cope better than most Trusts within the area. SFHFT are currently ranked 42 of 140 Trusts.

SBa advised that during December 2017, 33% of ambulance handovers took in excess of 30 minutes. Conversations with ED as to how this is addressed and reduced have been conducted. SFHFT's average of 22 – 23 mins is very competitive nationally, but the number that wait over 30 minutes is not and further work is required to reduce it.

SBa thanked all staff that worked hard and flexibly over the winter period. SBa also expressed gratitude to Partners for working collectively during this difficult period.

JM stated that 6 months ago SFHFT was ranked within the top 10 of 140 Trusts, this has now reduced to the top 40. Performance is still good, but there has been a decline and JM felt it important to recognise that whilst SFHFT are still ranked within the top half of Trusts in the Country, performance is not as good as it has been.

NG stated that the table numbers and text on the graph on page 16 are not aligned but if the percentage numbers are correct, it shows a consistent deterioration in performance from June 2017 to December 2017. PR confirmed that the data in the graph on page 16 is correct but the column width has become un-aligned.

NG expressed concern that patients are being let down, particularly around flow and the 62 day cancer target. NG asked if the Trust were unable to meet fluctuating demands for services and also enquired as to what impact the management initiatives are having on performance. RM advised that with regards to the 62 day target, there is a good plan in place. With regards to emergency care, the data shows SFHFT were compliant 7 – 8 months ago and benchmarking within the top 10 Trusts. Ranked 40 now is not the desired position.

<p>Given where the Trust has been, no one will be sitting here with a sense of satisfaction until 95% is consistently achieved. From July 2017 to the appointment of SBa on 1st January 2018, the Trust has had no substantive COO. Since SBa's appointment, differences around operational grip are apparent. Additionally, from September 2017 until December 2017, the Trust did not have a substantive Divisional General Manager for Urgent & Emergency Care. A substantive Divisional General Manager was appointed on 3rd January 2018. These systems are not resolved by an individual taking massive responsibility but there is now an excellent opportunity to work with SBa and others to regain performance.</p> <p>SBa concurred that operational grip has not been to the desired level but over the past three weeks there have been improvements. Between 80 and 100 patients attended the discharge lounge last week, this is almost double what it was previously. The number of patients discharged earlier in the day has also increased. From an outcome metric view, there are still high demands but for 5 of 7 days last week, performance against the 4 hour target was in excess of 90% and although 95% hasn't been achieved, it is a sign of a system that is beginning to stabilise.</p> <p>NG stated that the actual volume of patients going into ED at KMH this year is lower since June 2017 than it was in 2016 so the volumes are not increasing. The Board of Directors are being informed that acuity is increasing and NG felt that in view of this, flow management is far more important. NG stated that whatever actions are being taken do not appear to be positively impacting performance and requested site of micro-management targets. SBa advised that agreements have been made with Divisions as to the time they will take a patient out of ED. This is a process matrix that will be measured that Divisions will be held to account for and measured against. The use of the discharge lounge will also be measured as will the departure time of patients. Ultimately, a suite of process metrics that help with the management of the output matrix of 95%, will be developed. NG requested that timescales to deliver those targets be set.</p> <p>RM advised that discussions had been held with JM previously to provide a more in depth quarterly report to provide the Board of Directors with more assurance.</p> <p>RM was confident that, with the actions that are being implemented by Sba and the Divisional General Manager of Urgent & Emergency Care, there will be noticeable improvements within emergency care, that are not just linked to winter, within the next two months.</p> <p>Action: Quarterly in depth performance report and dashboard to be submitted to the Board of Directors</p> <p>JM stated there has been some changes reported in the way that ED is managed. On behalf of Tim Reddish, JM enquired what the national issues are and how will this affect SFHFT. SBa advised that the issue relates to NHSI Guidance that was issued in November 2017. This enabled Trusts and Foundation trusts to start counting type 3 attendance patients that go into Primary Care or Urgent Care Centres, within their own catchment even if they were not the provider of that service.</p>	<p>RM</p>	<p>26/04/18</p>
---	-----------	-----------------

This change enabled Trust's to include them in their overall number which in turn increased the appearance of their performance against the 4 hour target. This did not affect SFHFT as there has been no change in the way that SFHFT measure. RM advised that the biggest gain for most Trusts that did started recording them is 8%.

For cancer care, SBa advised that SFHFT had achieved 83% against the 85% target which is an improvement. The backlog is also reducing which again is an improvement and a sign of sustainable delivery. There has been a lot of improvements including the achievement of 7 day diagnostics, timed pathways and the improvement of referral routes to NUH and in ensuring that is working effectively.

SBa advised that NHSI's Intensive Support Team would provide feedback on 26th January 2018 regarding the Trust's current cancer action plan. SBa anticipates this Team will also identify further actions that will help to further improve with the objective of achieving a sustainable delivery from March 2018.

For planned care the Trust achieved 90.6% against the standard of 92%. SBa advised that 19 patients are 52 week waits in January 2018. This is predominantly related to capacity and staffing and further work is required to understand what has happened to referral to treatment (RTT) and led to the change. SBa will be in a more informed position at next month's Board meeting.

SBa felt that there are still things that can be done to improve elective care. Elective care was postponed during January 2018 and this affected 94 SFHFT patients. Of the patients on the waiting list, very few will impact the RTT but every effort is being made to ensure that these patients get their care as soon as possible.

RM stated that the 18 week RTT incomplete pathway graph shows the deterioration is as stark as the deterioration in emergency care. Primarily the reason for the deterioration between July 2017 and September 2017 is the way that patients were being coded changed. There was a change in national reporting expectations and organisations were asked to include groups that were not previously reported. In addition, groups of patients that weren't on the waiting list that should have been, were also identified. When those patients are included, who were principally in excess of 18 weeks, predominantly this will have an impact on the incomplete performance. RM advised that a clear plan to achieve above the standard is required that in particular looks at some of the most fragile and more troubled specialties.

JM stated that some CCG's in some parts of the County have explicitly changed the targets but CCG's local to SFHFT's have not.

RM advised that SFHFT's Commissioners are under a lot of pressure regarding their financial position so they are conversing with SFHFT to slow down elective throughput. RM confirmed that no changes have been implemented at SFHFT. Nationally, nothing has changed regarding the RTT standard.

AH advised that the CCG's raised the 52 week waits at the recent Executive to Executive meeting. AH felt it important to understand the genesis of the graph which looks stark but there is rational. RM advised that page 28 of the report shows that in August of 2017, there were no more than 7 patients at any time waiting over 52 weeks. There are two reasons for this, patients with complex care plans and data validity. West Suffolk FT was recently rated outstanding in outpatients despite having in excess of 20 patients waiting in excess of 52 weeks. AH felt it was still possible to provide high standards of care whilst struggling with IT systems and data validity.

RM advised that this organisation is conducting a lot of work cleansing waiting lists and to ensure that reporting is being conducted as accurately as possible. Through the data validation that was conducted in August 2017, 22 patients were identified to be waiting in excess of 52 weeks. Analysis indicates that none of these patients have come to harm and they are being seen as quickly as possible. There is absolute transparency with patients and families to explain why this has happened. Given the length of time it will take to validate the waiting lists, RM believes that throughout the next 18 months individual patients waiting in excess of 52 weeks will be identified. This is a long standing problem.

CW stated that overwhelmingly, these cases have come through our own validation and enquired if there had been any cases arising directly from patients. AH advised that the College Review consider SFHFT to be dealing with this problem better than most Trust's. CW was assured that because there has not been an increase in complaints, the matter is being managed.

ORGANISATIONAL HEALTH

JB presented the report advising that sickness absence increased in December 2017 to 4.15% and is showing red but is being robustly managed. JB advised that this is still 0.35% lower than December 2016. The increase is not attributed to short term sickness, but to long term sickness. A number of absences relating to coughs, colds and flu became long term issues resulting in staff absences of one month. A proportion of the sickness was due to planned surgery. Initial headlines of the staff survey results indicate that staff feel under pressure to attend work when they feel unwell. JB felt that some individuals often put themselves under pressure. JB stated that it is a balance as to how the sickness policy is applied to ensure that people aren't put under inappropriate pressure. The policy is still being applied but JB did not expect to achieve 3.5% until after the winter period.

With regards to staffing levels, JB advised that there have been more leavers than starters but this is anticipated during December as it is a common period for individuals to make life changing decisions regarding retirement and their work/life balance.

RM stated that it has recently been reported in national media that there are fewer nurses today nationally than there were 12 months ago. SFHFT's substantive registered nurse workforce has increased. JB advised that over last 12 months 100 qualified nurses have been offered positions in the Trust which equates to a net increase of 22.

JB advised that most Trusts will have a net loss and although there is still a gap, progress is being made.

The vacancy rate for medical staff has reduced to 10.5%, compared to 15%, 18 months ago. JB felt this was a significant shift.

There are unfortunately, some Clinical Fellows that have had their certificate of sponsorship rejected. This is because there is a restricted quota and there have been an excess number of applications. Reapplications will be submitted monthly and although this is causing a delay, JB did envisage their applications being accepted. AH advised that this is a national issue that has been escalated to NHSI.

JB advised that appraisal figures dropped to 94% and felt that annual leave was a contributing factor.

Mandatory training was maintained at 93%.

FINANCE

PR advised that at the end of Q3, for the month of December, excluding Sustainability and Transformation Funding (STF), against the plan set, the Trust is adverse to plan by £250K. YTD the position has remained adverse £1.17m. However the YTD figure forecast was better by £200k.

When STF is included in the YTD position there is an adverse variance of £4.34m. This is due to the non-achievement of Q2 and Q3 ED 4 hour wait performance. At the end Q3 the Trust's financial position, excluding STF, is adverse to the control total.

The forecast excluding STF, indicates that the plan will be achieved by the end of March. This will enable the Trust access to the £900k Winter Monies that were made available by the Chancellor, therefore the year end forecast, excluding STF, is favourable by £900k.

If STF is included, it enables the Trust to also reclaim the lost Q3 control total STF. Therefore, including STF, the yearend forecast is £400k adverse to control total. A risk range that has been reported to the Finance Committee around this number which is from a downside of £6.6m to an upside of £2.9m which are pre STF numbers.

The Cost Improvement Plan (CIP), at the end of December is better than plan having over delivered by £400k, the total standing at £11.5m at the end of M9. Full achievement of the CIP plan can be forecast but only by using non-recurrent schemes and other means of mitigation.

Agency spend rose slightly in December due to winter costs and capacity but YTD remains below the ceiling. At the end the end of M9, the ceiling suggests that the Trust would need to spend £13.5m on agency staff, £12.5m has been spent.

On a Forecast basis to the end of March 2018, PR expected agency spend to be £400k less than the ceiling.

Since the compilation of this report, notification from the Treasury has been received regarding capital funding.

	<p>PR was happy to advise that cash required to complete the capital programme will be released in this financial year, therefore the £880k shortfall on the capex table on page 50, now stands at a break even position.</p> <p>NG felt that the risk range was fairly wide but there is evidence that divisional performance is improving but is still lower than required.</p> <p>JM stated that with regards to next year, the Board of Directors would be receiving a briefing regarding financial grip at next month's meeting but stated that next year will be a very difficult year financially.</p> <p>GW advised that a lot of work has been done around the CIP, particularly in looking to make non-recurrent schemes recurrent.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>16/691</p>	<p>WINTER PRESSURES</p>		
	<p>SBa advised that with regards to emergency care, there is still winter capacity. Elective care for patients was postponed which enabled the release of ward 21 for medicine use, however this ward needs to go back to orthopaedics so that operating can resume.</p> <p>Pressures continue throughout January, the flu outbreak has impacted on this. Grip and controls continue to be implemented and senior doctors in medicine are reviewing every patient in every bed, every day to ensure that patients remain in hospital beds only if they need to.</p> <p>JM felt it important to review the winter plans and performance from this year and learn lessons for future years but also with regards to Commissioner discussions, particularly when taking decisions that could put the Trust into a difficult position. JM stated that from the Boards perspective, it is important to know what lessons have been learned and what the potential risks for next year are, given the tightness of the finances across the health system. It is also important for the Board of Directors to know what position to take to support the Trust in negotiations.</p> <p>SBa advised that Easter is eight weeks away and therefore preparations are underway to develop an Easter Plan. This is a four day bank holiday and no different to Christmas in many ways.</p> <p>Action: Report identifying the winter lessons learned is to be submitted to the Board of Directors.</p> <p>The Board of Directors were ASSURED by the report.</p>	<p>SBa</p>	<p>TBC</p>
<p>16/692</p>	<p>BOARD ASSURANCE FRAMEWORK (BAF)</p>		
	<p>PM advised that the risks within the BAF remain significant for financial sustainability, non-elective demand for care and staffing levels. The Trust remains exposed to high risk in relation to quality and safety and elective demand. All these risks were subject to further review by the assurance committees in January.</p>		

	<p>The ratings have been reviewed and the considered view is that SFHFT are exposed but are taking all the mitigation activities to bring these risks under control. JM stated that the Board of Directors need assurance that there are robust discussions in the Committees regarding those risks.</p> <p>JM stated that there has been discussion regarding the long waits for patients and in ensuring that there is no harm as a result of these waits. JM enquired what arrangements are in place for people that are waiting a long time in ED. PB advised that a lot of work has been conducted following last year's review. Patients are transferred onto beds as opposed to waiting on trollies where possible and a staff escalation process has been implemented where the ratio of staff to those patients awaiting treatment is increased. Care and Comfort Rounds, whereby HCA's do rounds to provide food and water where appropriate have also been implemented. This is also addressed in the flow room via bed meetings to ensure that actions and staffing are escalated. Staff are also utilised from other areas where and when appropriate. AH advised that medication rounds are also conducted. PM advised that there is also access to pressure relieving equipment for patients deemed to be at risk whilst waiting. JM enquired how the Board of Directors could be assured that these interventions are working with regards to the less clinical aspects and particularly for the elderly and frail patients. PB advised that neither Friends and Family Test responses nor complaints have increased. PB advised that the Senior Team also walk the areas and talk to patients. PM advised that issues come through the complaint system in small numbers. Issues are also detected when route cause analysis are conducted, specifically for those with long waiting times. This is when controls are strengthened.</p> <p>Action: Assurance to be provided to the Board of Directors that long waiting patients are comfortable in ED</p> <p>PM advised that the BAF will be redesigned for use from 1st April 2018 and a draft will be presented at the Board Workshop in March 2018.</p> <p>The Board of Directors were ASSURED by the report.</p>	PB	22/02/18
16/693	LEARNING FROM DEATHS QUARTERLY REPORT		
	<p>AH presented the report advising that the National Guidance on Learning from Deaths requires that Trust's review all deaths. This has been interpreted in various ways nationally. Larger Trusts have implemented a selective process where they target the deaths for review but are thoroughly reviewing circa 20% of deaths. The view taken at SFHFT was that all deaths should be reviewed to identify cases with avoidable factors. AH still considers this to be the right thing to do because there are learning opportunities from deaths with avoidable factors and because it standardises the approach to mortality reviews. Most Trusts struggle with how to recognise and remunerate consultants time to do this but consultants within SFHFT already have this within their job plans. The dashboard shows that the Trust were doing very well in October and achieved the target of 90% but then slipped in November and December.</p>		

	<p>There would normally be 100 deaths per quarter but this quarter had a increase to 173 deaths. The majority of deaths will be older patients where there is a particular burden of death reviews as there are only four substantive geriatricians within the Trust. In addition, mortality review meetings have been cancelled due to pressures of winter. There is a backlog but AH expects this will be cleared by the end of the year. An audit within geriatrics has also been conducted and will track recovery back through the Mortality Surveillance Group. AH expects that SFHFT is only one of a few Trusts in country that will be able to achieve this.</p> <p>AH advised of the difficulties to advance the themes from the last quarter as there is insufficient data but of the reviews that have been done, those that require a structured judgement review or were avoidable factors have been identified, remains low. AH was happy that the right processes and training mechanisms are in place.</p> <p>NG noted on the report that for deteriorating patients, inconsistency, disparity and misunderstanding had been identified and enquired if this has been exasperated by the implementation of Nervecentre. The Trust has just spent a considerable amount of money on this system and NG enquired if there is a need for further training. AH advised that Nervecentre has increased the number of notifications. The problem with VitalPAC was that it didn't have the alert system to notify doctors, Nervecentre does. AH felt that this was coming back into balance and was clear to members of the Board that the Nervecentre investment was necessary and essential and will continue to pay huge dividends.</p> <p>At a recent Chairs Networking Event, JM was congratulated by two members of NHSI for the work being done at SFHFT regarding learning from deaths, who commented that this Trust was ahead of the game. JM felt that independent verification should provide assurance to the Board of Directors. JM expressed his gratitude to the Team and to Elaine Jeffers regarding the amount of work done around learnings from deaths.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>16/694</p>	<p>APPLICATION OF TRUST SEAL</p>		
	<p>SH advised that the Trust's Official Seal has been affixed to the following documents by the Chair and the Head of Corporate Affairs/ Company Secretary on 7th December 2017.</p> <ul style="list-style-type: none"> • Seal number 80: • Contract to pursue claim with regard to Business Rate Relief – Sherwood Forest Hospitals NHS Foundation Trust and Addleshaw Goddard • This seal has been cancelled due to the removal of two health care organisations from the Deed. • The revised Deed has been sealed using Seal number 82 (17th January 2018) <p>The Board of Directors were ASSURED by the report.</p>		

16/695	ASSURANCE FROM SUB-COMMITTEES		
4 mins	<p>AUDIT & ASSURANCE COMMITTEE</p> <p>RD presented the report and confirmed that Price Waterhouse Cooper (PWC) have been appointed as the Trust External Auditors for this accounting period. PWC attended the Audit & Assurance Committee on 18th January and RD was confident that a good working relationship will develop.</p> <p>JM enquired if the Audit & Assurance Committee considered the impact of the outstanding audit recommendations not being delivered, as well as the risk. RD advised that there is one high risk outstanding audit recommendation.</p> <p>Action: Details of outstanding audit recommendations to be submitted to the Board of Directors</p> <p>JM felt that 68% achievement of the Information Governance (IG) Toolkit appeared to be quite low. RD advised that IG Manager - Jacque Widdowson has assured the Committee that by the end of March the IG Toolkit will be 84% which is satisfactory. PR confirmed that at this point of the year 68% is within the expected range.</p> <p>FINANCE COMMITTEE</p> <p>NG presented the report advising that the key issue the Committee discussed was the financial plan for next year. There has been a lot of discussion between Finance and the Divisions regarding the achievement of the control total that was set by NHSI last year.</p> <p>The Financial Improvement Plan (FIP) target is £19.6m of which £6.0m should be delivered from the STP or the System. NG advised that the gap has been mitigated to a certain degree but there is still £9.9m to find prior to the plans being submitted. Plans to achieve the overall FIP target also still need to be developed. The plan is due to be submitted to NHSI on 20th February so the Finance Committee proposes to meet on 15th February to discuss the plan prior to its submission and in order to give the Board assurance as to whether the plan is realistic and deliverable.</p> <p>The Committee also conducted a deep dive into Urgent & Emergency Care but considering all of the pressures this Division is facing at present, concluded that it was not surprising that it will deliver £2.0m short of the forecast by the end of year.</p> <p>NG stated that the Committee received a demonstration of the Model Hospital which is based largely on the reference costs that the Trust submits each year. It identifies opportunities for the Trust to improve its performance in various areas. NG felt this could be a very useful tool for the Trust going forwards and to inform the FIP. NG felt that the Model Hospital would help to work out ways of implementing improvements along the lines of what Carter was saying originally. The tool is available to all Directors. AH advised that in the last quarter of last year, SFHFT was the highest user nationally.</p> <p>GW felt that the Trust is now generally attaining better quality data to use and to benchmark against.</p>	PM	22/02/18

16/696	COMMUNICATIONS TO WIDER ORGANISATION		
1 min	<p>The Board of Directors agreed that the following items would be distributed to the wider organisation:-</p> <ul style="list-style-type: none"> • Patient Story – The Lungs the Wait and the Walking Frame • Newark Strategy Update • Acknowledge that despite the winter pressures, staff have maintained focus and continue to deliver high quality care • Reaffirm the requirement to regain consistent achievement of the 4 hour performance target • The opportunities that the CQC visit gives SFHFT • Inform that the Car Parking/Smoking Strategies are being reviewed 		
16/697	ANY OTHER BUSINESS		
1 min	No other business was raised.		
16/698	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 22nd February 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>		
16/699	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>		

16/700	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	<p>JBa observed that from the information presented to the Board of Directors today and the feedback received from members of the public, it appears to be a perpetual journey of objectives for Newark Hospital without ever arriving anywhere. JBa felt that AR had done a lot since he joined the Trust but would like to see what has been done in six months' time. RM stated that the narrative has always been that this organisation is on a journey. Newark Hospital now has a stronger future which has been articulated internally and externally. One of the key measures for this is an increase in the number of patients being treated at Newark hospital that have a Newark postcode and this has and continues to increase.</p> <p>JM advised that future reports will demonstrate the changes that have been effected at Newark Hospital more clearly.</p>		