

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 09:00 on Thursday 30<sup>th</sup> November 2017 in Classroom 1, Trust Headquarters, Level 1, King's Mill Hospital

<b>Present:</b>	John MacDonald	Chair	
	Ray Dawson	Non – Executive Director	RD
	Neal Gossage	Non – Executive Director	NG
	Tim Reddish	Non – Executive Director	TR
	Graham Ward	Non – Executive Director	GW
	Claire Ward	Non – Executive Director	CW
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer	PR
	Shirley Higginbotham	Head of Corporate Affairs & Company Secretary	SH
	Paul Robinson	Chief Financial Officer	PR
	Julie Bacon	Director of HR & OD	JB
	Denise Smith	Acting Chief Operating Officer	DS
	Suzanne Banks	Chief Nurse	SB
	Paul Moore	Director of Governance & Quality Improvement	PM
	Kerry Beadling-Barron	Head of Communications	KB

<b>In Attendance:</b>	Joanne Walker	Minutes	
	Tracey Wall	Head of Nursing	TW
	Jayne Reville	Matron of Urgent & Emergency Care	JR
	Emma Mutimer-Hallgarth	Divisional Patient Experience Lead	EM

<b>Observers:</b>	Rachel Farmer	Liaison	
	Russell Mcausland	Liaison	
	Lynn Andrews	Chesterfield Royal Hospital NHS Foundation Trust	

<b>Apologies:</b>	Dr Andy Haynes	Executive Medical Director	
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	

Item No.	Item	Action	Date
16/625	<b>WELCOME</b>		
	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.		
16/626	<b>APOLOGIES FOR ABSENCE</b>		
	Apologies were received for Andy Haynes - Executive Medical Director and Peter Wozencroft - Director of Strategic Planning & Commercial Development.		
16/627	<b>DECLARATIONS OF INTEREST</b>		
	JM declared his position as Chair of the Better Together Alliance Leadership Board.		
16/628	<b>PATIENT STORY – A JOURNEY THAT WE DID NOT EXPECT</b>		
30 mins	<p>JR and EM conducted the presentation.</p> <p>JR summarised that making time for patients, even if it is an extra second or two, is important because it matters and can often make all the difference.</p> <p>TR enquired if it was an exception that a patient would be taken directly for a scan after becoming unwell in a clinic as opposed to being taken to the Emergency Department. JR advised that it was not an exception. If a patient becomes unwell in a clinic and requires assistance then it is always provided, particularly in King's Mill Treatment Centre. It is not always necessary to have to send them to ED, sometimes patients can be cared for quicker and more effectively directly.</p> <p>JM stated that the Trust is aware from patient letters, that this is not the experience of all patients and enquired what could be done to ensure that this happens to all patients, every time. JM also enquired what the Board of Directors could do to encourage this behaviour.</p> <p>JR felt that leading by example was the best way to embed these behaviours. Some nurses are young, newly qualified and busy but they need to learn that it is ok to give that extra time, even if it is only a second. JM advised that this is expected from all nurses and enquired if nurses need supporting in a different way either via training or by the Trust conversing with nurse education providers. JR stated that this is a skill that is learnt through experience and by watching superiors.</p> <p>RM felt that the presentation articulates the opportunities staff have to make an impact on people's lives when caring for patients both clinically or non-clinically. The quality of care that patients receive in SFHFT is good, but inevitably with the volumes and complexities within the Trust, there will be touch points in patient care where things aren't as good as we would want them to be.</p>		

	<p>RM advised that a member of staff and their family member attended KMH's A &amp; E Department on Monday 27<sup>th</sup> November and had a very poor experience because of an interaction with one member of staff. RM felt that the vast majority of patients that attended KMH's Accident &amp; Emergency Department (A &amp; E) that day had a good experience but on this occasion, the organisation let the patient down and our colleague. The patient then attended the A &amp; E Department at Queens Medical Centre the following Tuesday. The department was extremely busy but they still received a very good experience. It was all about that interaction with one member of staff that made all the difference to them.</p> <p>RM acknowledged the difficulties for 4500 staff, in difficult circumstances, to think about finding time to make the individuals interaction as good as it possibly could be. There are some legitimate reasons why some staff are busy and find it difficult to spend time with patients, but the Trust Board and Senior Leadership Team want to ensure that conditions are in place and to work with and support staff to ensure they understand that it is ok to spend a little longer with an individual patient when required.</p> <p>At the recent Board Development Session, RM stated that members discussed listening to and learning from staff in the organisation to understand how it actually feels to them to work in the Trust. Members also discussed what else Executives can do to support staff to dedicate themselves to patients in the way they would want to.</p> <p>TR suggested that instead of asking 'do you need any help' Staff rephrase this to 'how best can I help you', as this will result in an answer. TR felt it important never to forget the power of the pause, as it gives us time to think.</p> <p>SB felt that the video Empathy: The Human Connection to Patient Care, was very powerful and will be used to reinforce the message in future staff inductions.</p> <p>JM requested that SB reflect on the presentation and subsequent discussion to establish how best the Board of Directors can support the Senior Leaders in terms of embedding the practice of taking a little extra time.</p> <p>RM advised that conversations are underway to instil a cultural change within the organisation that further establishes colleagues challenging each other, of all levels, if they observe poor behaviour.</p>		
<p><b>16/629</b></p>	<p><b>MINUTES OF THE PREVIOUS MEETING</b></p>		
	<p>Following a review of the minutes of the Board of Directors in Public held on 26<sup>th</sup> October 2017, the Board of Directors noted the following points of accuracy and APPROVED the minutes as a true and accurate record:</p> <p>NG stated that on page 6 of the minutes of 26<sup>th</sup> October 2017, the discussion regarding the 62 day Urgent RTT Cancer numbers when NG commented that it was the Trust's worst performance in 18 months had not been reflected in the minutes.</p>		

	<p>NG also felt that there had been a general acceptance that the Trust had not achieved the level of care expected. NG stated that subsequent to that discussion, a number of actions were implemented and weekly meetings arranged to address the performance issues. NG requested that future minutes contain more detail to ensure such points are being minuted.</p> <p>PR stated that on page 7 of the minutes of 26<sup>th</sup> October 2017, there is a comment that CQUINS have not been achieved and there could be further scrutiny. PR confirmed that this was in relation to the STP CQUIN, the payment of which is being withheld by the CCG's.</p>		
<b>16/630</b>	<b>MATTERS ARISING/ACTION LOG</b>		
2 mins	The Board of Directors AGREED that actions 16/554.4, 16/576, 16/605.2 and 16/607 were complete and could be removed from the action tracker.		
<b>16/631</b>	<b>CHAIR'S REPORT</b>		
3 mins	<p>JM presented the report advising that the Staff Excellence Awards had been held recently at which there had been some quite amazing showcases. The event was most enjoyable and appreciated by many members of staff. On behalf of The Board of Directors, JM expressed his gratitude for the hard work of all staff involved in the occasion.</p> <p>JM advised that a letter had been distributed to attendees of the recent Board Time Out Session that was held with Executive and Clinical Directors. The letter identified the main messages arising from the session. A report will be presented to the Board of Directors when the actions are complete.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>16/632</b>	<b>CHIEF EXECUTIVES REPORT</b>		
3 mins	<p>RM presented the report advising that reports to the Board of Directors will evolve over the coming months. They will focus on quality of care, harms and patient experiences as well as learning from other organisations.</p> <p>RM stated that Access Standards is the main area of difficulty for the Trust at present. Progress is being made across a number of the standards but RM advised that there is more work to do.</p> <p>RM confirmed that AH – Executive Medical Director, has been appointed as Deputy Chief Executive. This is in recognition of a role that AH has conducted for the past 4 years. RM expressed his gratitude to AH for his support and to the whole Executive Team.</p> <p>RM advised of his intention for the organisation to become more clinically led and over the next few months, this already strong Executive Team, will further interact with Clinical Directors who are senior members of our Divisions, to move to a system where there are Clinical Chairs for those five Divisions.</p>		

RM advised that as of 30<sup>th</sup> November, 73% of front line staff have received the flu vaccination and whilst this is very good, RM felt the need to be more ambitious with a view to achieving 90%. The flu vaccination is the best way to protect staff, patients, friends and family this winter. RM felt it equally important that non front line staff are also vaccinated.

RM advised that the Staff Survey closes at the end of the day and to date, 51% of staff have responded. This compares very well to other organisations in the area who are averaging 30%. RM stated that it was important to encourage as many responses as possible as the information provides the organisation with a real understanding. RM emphasised the importance of listening to and learning from staff to help shape the decisions that are made within the Trust.

RM advised that recent media announcements had been made confirming that £350m of winter monies had been made available to the NHS this winter. Monies for SFHFT have not been guaranteed and should not be assumed. RM stated that the challenges SFHFT face this winter are not linked to a money, it is more that staff are not available to employ in the short term. A lot of national revenue for 2018/2019, will be spent on ensuring the achievement of the 92% referral to treatment (RTT) standard nationally. RM felt that the actions the Trust are taking at present along with the new members of staff joining the Team in January 2018, will enable the Trust to achieve the 92% target before 1<sup>st</sup> April 2018. The capital allocation over the next 5 years is £3.5b, split between 44 Sustainability and Transformation Partnership's (STP's), this equates to circa £16m per STP, per year. RM did not anticipate the Trust receiving substantial amounts of capital, nor does it need it as the estates are good across all three sites. However, conversations are underway regarding limited capital reserves to improve theatres at KMH which is a big priority for the Trust.

RM stated that there are five key areas of focus for the Trust this winter where the Executive and Senior Leadership Teams are focussing their activity.

1. Make progress on the agreed quality improvement actions which support our journey to outstanding
2. Deliver the 62-day cancer standard - which will improve patient care
3. Deliver the four hour emergency care standard - which will improve patient care
4. Further reduce agency and locum spend - which will improve patient care
5. Deliver our year-end financial position - which gives us greater control on what we want to do in the future

RM stated that there will be hive of media interest today. NHS England will have some difficult decisions to make that are politically influenced and motivated. Considerations will be made to prioritising and de-prioritising some of the access standards. In addition, NHS Improvements (NHSI) Board meeting will also be held today and is Jim Mackay – Chief Executives, final meeting. RM felt that Jim Mackay had been very good for the provider sector. Ian Dolton will be joining NHSI as Jim Mackay's substantive replacement from December 2017.

	<p>GW stated that KMH had superb facilities but felt it important to consider and plan options for theatres. RM advised that it is the Trust's ambition to develop theatres over the coming years, but there is no guarantee. A plan is being developed at present but to receive capital, it has to be endorsed by the STP function, so it is important to ensure that spending relatively small amounts of money on theatres at KMH, is considered a priority for the STP.</p> <p>With regard to the winter pressures, it was NG's understanding that a plan was being developed to try to avoid opening extra beds over the winter period, which could save circa £0.5m. RM stated that this organisation performed very well last winter. The quality of care to patients was high, all care was delivered within the budget that was allocated to us and in general, access standards were delivered. RM advised that the Trust was looking to replicate that performance this winter and one way to strengthen the plan was to take decisions earlier in the year, some decisions were taken very late last year. The Trust has a winter plan in place, predictions were made around additional staff being available, it is now looking highly unlikely that additional staff will be available so a decision needs to be made regarding the bed base. DS is working with Divisional colleagues and a second and final Winter Plan will be submitted to the Senior Leadership Team on 7<sup>th</sup> December 2017, where a decision will be made regarding the opening of additional beds. It is unlikely that additional beds will be opened but it is important to ensure meaningful continuous flow in order to support our ED at KMH but not to the detriment of cancer or elective care pathways.</p> <p>TR suggested that an invitation be extended to Ian Dolton – Chief Executive of NHS England, to observe SFHFT's journey. JM felt it would be a considerable period of time before Mr Dolton is able to visit the Trust but agreed to extend the invitation.</p> <p>JM stated that with regards to winter monies, a wider discussion regarding out of hospital care should be considered.</p> <p>JM advised that although being shortlisted and recognised at the ceremony, Peter Herring did not win the Chief Executive of The Year Award. But on behalf of the Board we should recognise the considerable achievements while Peter was CEO and congratulate him on his being shortlisted.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b><i>Invitation to be extended to Ian Dolton - Chief Executive of NHS England to visit SFHFT</i></b></li> <li>• <b><i>An update regarding the Winter Plan as agreed at the Senior Leadership Team meeting on 7<sup>th</sup> December, is to be circulated to Board members</i></b></li> <li>• <b><i>Letter of congratulations for being shortlisted for the CEO of the year award to be sent to Peter Herring</i></b></li> </ul> <p>The Board of Directors were ASSURED by the report.</p>	<p>RM</p> <p>RM</p> <p>JM</p>	<p>21/12/17</p> <p>14/12/17</p> <p>21/12/17</p>
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16/633	<b>OD &amp; WORKFORCE STRATEGY</b>		
	<p>JB presented the OD &amp; Workforce strategy advising that the strategy was approved by the OD &amp; Workforce Committee in March 2017.</p> <p>The OD &amp; Workforce Committee tried to keep the strategy simple with a simple message, 'how do we maximise the potential of every single member of the workforce?' The strategy was developed through workshops and by liaising with staff and with Senior Leaders. This engagement process is currently underway again to develop next year's strategy. The way in which staff are attracted to the organisation, engaged with and motivated to deliver outstanding care are all contributing factors. Realistic, practical annual plans describing how the strategy will be implemented are then developed. The strategy speaks particularly to strategic priority 2 but underpins all strategic priorities, because having a workforce well trained that's very engaged and motivated to deliver care and improvements, is actually what underpins all of them.</p> <p>JB advised that a particular focus for next year will be culture and leadership styles within the Trust and consolidating some of the transformational work that has been undertaken this year.</p> <p>NG enquired if Brexit would impact on recruitment and retention within the organisation. JB advised that people do not seem particularly worried. Just over 2% of the Trust's clinical workforce could be affected through Brexit. The Trust engages in international recruitment that is global, as well as in Europe. JB was hopeful that Members of Parliament will realise the importance of this workforce to the NHS. There has been some movement around the English language test which has enabled more flexible options, this will further open up the ability to recruit outside Europe. The Trust is planning further international recruitment in the New Year.</p> <p>Looking at staff engagement, SK enquired if information was available to show how well recruitment is being managed, is the process made easy for staff and is their general working life made easy for them. JB advised that a lot of work was conducted last year on the recruitment process. The Trac system was introduced which enabled a speedy recruitment and employment checking process and when compared to other local Trusts who do not use this system, SFHFT recruit staff into posts a lot faster. The introduction of one day Assessment Centres where candidates can be assessed and offered a position on the same day has also been hugely successful. Keep in Touch Days were introduced for those individuals waiting to commence employment with the Trust. Emails and postcards are sent to maintain their interest in the organisation.</p> <p>The entire induction process was reviewed and improved based on feedback from new starters. A Managers induction was also implemented. The Trust's annual appraisal compliance level is also high, currently 94%. Last year as part of the appraisal process, a 30, 60 and 90 day approach was introduced. There has also been engagement work with staff and managers to obtain their views to simplify policies.</p>		

	<p>JM spent half a day with the HR Team and one thing that was emphasised was the importance of the change in the Trust's reputation. HR members felt that far more people were being attracted to the Trust and the quality of professional applicants was now very high.</p> <p>JM stated that the strategy, in comparison to other Trusts, is very good and felt that if strategic KPI's are built into quarterly reports, it would enable the progression of the strategy to be tracked. JM was welcoming of the priorities established for next year's strategy.</p> <p>JM felt that it was important to develop a closer relationship with education providers, particularly as the Trust is considering different roles and entry routes next year. The education providers will be quite key to successfully achieving that.</p> <p>JM felt there had been a lot of success with recruitment and thanked JB and the HR Team for their efforts.</p> <p><b>Action: Strategic KPI's to be built into the quarterly OD &amp; Workforce reports</b></p> <p>The Board of Directors were ASSURED by the report.</p>	JB	April '18
16/634	<b>RISK MANAGEMENT STRATEGY</b>		
	<p>PM presented the risk management strategy for 2017-2020 which was approved by the Risk Committee in January 2017, along with a supporting Improvement Plan.</p> <p>PM presented the strategy in order to provide the Board of Directors with an opportunity to consider the strategic approach being taken to continuously improving risk management practice within the Trust. PM invited views of members.</p> <p>RD felt that the strategy underpinned a lot of the work that has been conducted this year. One thing that was instrumental in raising the Trust's internal audit opinion last year was the way in which the Board's Assurance Framework (BAF) had been implemented throughout the Trust. The change in emphasis to the BAF was discussed at the recent Board Time Out Session.</p> <p>RD enquired if there were specific areas of impending risks where insufficient action was being taken. PM stated that to strengthen even further, the articulation of each specific risk should be articulated clearly and there needs to be more focus on the risk response.</p> <p>JM enquired how the Board of Directors could obtain assurance, that across the organisation, risks are being managed proactively. JM enquired if there were some standards that could be set that the Board of Directors could measure. JM stated that at Board and Committee level, there will be risk responsibilities.</p> <p><b>Action: PM to clarify how the Board of Directors and Sub-Committees can obtain assurance that risks are being proactively managed</b></p>	PM	21/12/17



	<p>GW felt that the journey of improvements with regards to risk has been excellent and the Trust is now in a very good position. GW felt that another aspect to risk was risk appetite and how that is captured and re-visited.</p> <p>PR emphasised that the BAF should be strengthened and not changed. The Trust's internal auditors now use SFHFT's risk management and BAF process as examples of best in class for their other clients.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>16/635</p>	<p><b>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</b></p>		
<p>33 mins</p>	<p><b>QUALITY</b></p> <p>SB advised that the layout of the report has changed and the exception reports are now shown at the beginning. The report also includes the Trust's average position where there is no benchmark, for comparison purposes.</p> <p>SB advised that the Trust's HMSR position is showing amber but the mortality position is as expected and has improved since last month and is on trajectory.</p> <p>SHMI is below 100, harm-free care is at 96.8%. The new harms relate to Venous Thromboembolism's (VTE), pressure ulcers and falls, all of which have been reviewed. A review of the individual case identified that the actions were followed correctly and the VTE was conducted appropriately. In relation to VTE, the Trust has exceeded the national standard.</p> <p>In relation to pressure ulcers, in October there was one avoidable grade 2 pressure ulcer, for which a route cause analysis has been conducted. There were also three suspected deep tissue injuries. These injuries are difficult to categorise but are being closely monitored and will be included in next month's report. This month was World Pressure Ulcer Day and there has been a big focus within the Trust in which JM and RM have been involved.</p> <p>In relation to falls, within the dashboard falls are showing as red because the Trust's best position last year was 5.5, the national average is 6.63, so SB was unclear why it was showing red as performance is still below the national average. The Falls Nurse has identified that over a weekend period in October there was a spike in falls in relation to patients who should have had enhanced patient observations. This incident has triggered additional recruitment of Health Care Assistants (HCA's) to the Virtual Ward and to Bank. The enhanced observation guidance is also being reviewed and the Falls Nurse is working out of hours to establish if there are any concerns outside of normal working week.</p> <p>NG was pleased to see the quick response to the increase in falls in October. SB stated that the Falls Nurse is exceptional.</p> <p>SB advised that a never event relating to the wrong prosthesis, had occurred last year and had come to light through the National Joint Registry.</p>		

<p>A verbal update was provided to the Board of Directors in their meeting of 26<sup>th</sup> October 2017. SB advised that the Surgical Division had conducted a forensic response. A learning event was conducted for the whole Division of surgery and a Quality Summit has been arranged for orthopaedics. A duty of candour has also been fulfilled.</p> <p>JM stated that with regards to never events, the Secretary of State has announced some changes regarding external as opposed to internal investigations, the details of which are yet to emerge. JM enquired if the investigation report and assurance that the Trust is learning from such events, will be presented to the Quality Committee. PM advised that the investigation report would not normally be presented to the Quality Committee. JM felt that the Board of Directors needed assurance and also need to be seen to be responding to the national concerns that the Secretary of State has raised.</p> <p><b>Action: A summary report regarding the outcome of the investigation into the never event is to be presented to the Board of Directors.</b></p> <p>With regards to infection control, SB advised that there had been 4 cases of c-diff in November which brings The Trust's total year to date to 25, against a threshold of 48 for the year. SB advised that there is a National focus on E-coli Bacteremia at present. This is being monitored more closely within the Trust. Public Health England is leading targeted work locally because as an economy, E-coli Bacteremia figures are required to reduce by 10 %. The Trust's position is being monitor and compared to last year's, are in a more favourable position. Public Health England also attend SFHFT's Infection Control Committee meetings to support and share the work being conducted within the Trust, across the economy.</p> <p>Dementia screening is on track but there was a concern regarding ongoing referrals. As a result of this concern, work led by the Lead Consultant and Dementia Nurse has been initiated. The Advancing Quality Programme Board (AQPB) are also conducting a lot of work regarding dementia. SB advised that there may be a risk in relation to capacity for this service which is being reviewed at present.</p> <p>PM advised that the standard the Trust is trying to achieve, which is in excess of 95% for Friends and Family Test responses, has not been achieved. The two main areas that are underachieving are maternity and outpatients. The main issues in these two areas are the length of time that patients are waiting in clinics and the cost of car parking which has been sighted by a number of respondents.</p> <p>CW felt that being given information contributes to patients having a better experience so delays around waiting times in clinics can be managed by communicating with patients. CW enquired how the information provided to patients could be improved. RM stated that it is undeniable that for a number of patients in high volume service areas, waiting times are in excess of what we want it to be. The work that is being conducted around outpatient improvements and the correlation of the quality agenda work with the cost improvement work will positively impact this. In terms of outpatient improvements, one key matrix will be patient experience.</p>	<p>PM</p>	<p>TBC</p>
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	<p>Specific training for staff working in those reception areas is also being considered.</p> <p>CW noted that there is an issue with a shortage of trollies within ED and enquired how long this had been a problem. CW enquired if there are problems with a shortage of other equipment elsewhere in the Trust.</p> <p>With regards to ambulance handover times, CW stated that there are clearly ongoing problems with the amount of ambulances coming into the Trust and understood there were to be some process changes regarding clock starts. DS advised that there is a workshop across the Alliance in which SFHFT and East Midlands Ambulance Service (EMAS) will be participating regarding ambulance conveying in general. This commences mid-December and will review handovers and the scope to reduce the number of patients that are brought in, to see and treat rather than see and convey. The Trust does encounter occasional issues with batching which creates a bottle neck. Richard Clarkson – Head of Service for Emergency Care, conducted a review to establish the cause of delays around ambulance handovers and established that it was a problem with physical space but suggested that additional trollies would help. As such a quotation for additional trollies has been obtained and will be presented to the Executive Team on 14<sup>th</sup> December 2017. A ‘fit to sit’ basis of working is used after the initial assessment and if patients are able to come off the trolley and go into minors, then they do. DS felt that the relationship with EMAS is good and from EMAS’s perspective, SFHFT are not a problem Trust for them.</p> <p><b>OPERATIONAL</b></p> <p>DS advised that for the Emergency Access Standards, in October, Trust performance overall was 94%, for November it is currently 92%. Included in the report is the detail around the main causes of underperformance which are attributed to two pressure points which continue to be emergency medicine medical staffing and medical bed pressures. Medical bed pressures are increasing as we move into winter.</p> <p>Some progress is being made with emergency medicine medical staffing, a further two locum consultants have been recruited, one of which will commence in December. Consultancy vacancies will then have been reduced to two which is the best position SFHFT has been in a long time.</p> <p>Middle grades are another vulnerable area but there has been further recruitment success in this area. One doctor will be joining the Trust this month and a further five will join in due course. This brings the vacancies down to two. In July out of 10 vacancies only 2.7 were substantive so significant improvements have been made. DS advised that this will help with medical leadership overnight.</p> <p>As an Executive Team, it was agreed to amend rates of pay to attract quality locums and Advanced Nurse Practitioners (ANP) to work additional shifts.</p> <p>ANP rates have been agreed and they can now be recruited to do bank shifts, this will negate the need to use junior doctors in this area. The Trust remains vulnerable at times overnight, but less than it was.</p>		
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	<p>Medical bed pressures are increasing, the focus is to discharge earlier in the day. Most discharges are achieved but insufficient are conducted before noon. The number of patients with length of stays over 7 days is also increasing. The Senior Nurse leads a review of stranded patients every week. DS stated that this work needs to continue throughout winter.</p> <p>RD stated that in September and October 2017, A &amp; E activity reduced from that of 2016, yet patients who failed to make the target have increased by 50%. RD found this disturbing. The Board of Directors have consistently been told that targets are being missed because A &amp; E attendances are increasing but this doesn't appear to be the case. DS advised that it isn't always attendances that increase but the acuity that changes. What can be seen when looking at individual days is that routinely on a Monday the Trust is receiving 80 – 100 patients more than expected and a higher proportion may be ambulances. Between 85 and 90 ambulances are expected on a Monday but recently 124 were received. This then causes significant bottle necks which results in more breaches. It isn't generally an increase in patients overall.</p> <p>RM stated that as an organisation, the problem at KMH is not being externalised at all. The ability to deliver the 95% standard and above, is fully within this organisations control. The Trust does feel very well supported by partners. The volume of breaches has increased at a time when the volume of patients attending has dropped. The fact that attendances and admissions are dropping is good news for this health system and shows that the work we are doing with partners and the admission avoidance programme is working. It is important now to ensure meaningful and continuous flow. There are fewer beds open today than there was 12 months ago and this is one of the challenges but is the decision that was taken and it is the right decision. The work around extended length of stay needs to continue. It is important to review those patients with an extended length of stay, identify the reasons, internally and externally, and discharge those patients safely but earlier in the day. Whilst the report indicates an expectation that compliance will be regained by march 2018, there is an ambition, given that the challenges faced are fully within the organisation's control, that 95% or above will be achieved sooner because that represents a better quality of care to patients.</p> <p>RD stated that the Board of Directors have been told repeatedly that the Trust is not performing because attendances have increased and enquired what the A &amp; E attendances for November 2017 are compared to 2016.</p> <p>NG stated that it appears that the Trust performed better in the first 4 months of this year than it did last year then for Aug, Sep, and Oct the Trust performed worse in each month than it did last year. NG felt that performance was going in the wrong direction. The admissions are falling and more patients are being sent into GP services, the income is in line with what we expected yet the costs are higher and we are still missing the 4 hour target.</p> <p>JM enquired if the situation with medical middle grade doctors was worse now than it was when the Trust was performing better. RM advised it wasn't.</p>		
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	<p>The problem with length of stay may relate to internal processes, the issues and actions for which RM would like to see strengthened.</p> <p>GW stated that the new reporting format of the report provides more visibility but felt that the improvement trajectory was disappointing. RM felt it was important to be clear as to when performance is expected to improve. A lot of time and work has been spent to try to understand and resolve this but from January when the substantive COO and substantive Divisional General Manager (DGM) for Urgent &amp; Emergency care is working alongside DS, the Trust will have a complete Executive Team to support the organisation.</p> <p><b>Action: 4 hour performance to be displayed by site in future reports.</b></p> <p>NG expressed concern with regards to the skill mix within ED at KMH and enquired if the reliance on junior doctors and locums overnight presented further risks. RM advised that the Trust is becoming increasingly less reliant on locums because of the implementation of doctors grade changes and the increase in substantive appointments. ED require access to beds to perform well. The organisation has fewer medical beds this winter than last winter and this is due to the Trust's ability to safely staff those beds. This is the decision that has been taken and RM felt it was the right decision. It is important, across all sites, that patients are discharged in a safe way but faster than last winter. If this is achieved there will be continuous flow which will provide the substantive doctors and nurses in the departments the conditions that they need to care for patients. RM did not consider this to be a key risk in terms of patient experience, safety, care or delivery of the standard. DS advised that overnight the Trust has always had middle grade leadership. Consultants aren't available to the organisation 24/7 at present but the middle grades are experienced doctors and can lead a shift.</p> <p>JM felt that the Clinical Fellow Programme was a very good programme, offers have recently been made to 10 clinical fellows.</p> <p><b>Action: A report is to be submitted to the Quality Committee to provide assurance that the skill mix within ED with regard to the reliance on Junior Doctors and Middle Grade Doctors is not detrimental to patient care.</b></p> <p>DS advised that for RTT, a new system is being implemented to improve how trajectories are made. The surgical Division have piloted the system in one of the specialties and are working with the Information Team to roll out the system.</p> <p>DS advised that there is a long term plan in place, based on an NUH model, for neurology. SFHFT have recently lost a locum member of staff and in addition NUH have delayed the date to take over the service.</p> <p>The number of patients awaiting reviews and the number of patients awaiting new appointments have been reviewed which has resulted in discussions with the CCG to close to new referrals from December 2017.</p>	<p>DS</p> <p>DS</p>	<p>21/12/17</p> <p>21/12/17</p>
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	<p>Work will continue to clear the backlog and work continues with NUH to provide additional capacity. DS felt that if this action was not taken, the Trust would not be in a position to be able to continue to appoint those patients.</p> <p>JM felt it important for the Board of Directors to be sighted on progress of the joint services with NUH and enquired where the rigor of those discussions takes place. DM advised that discussions take place at the Strategic Partnership Forum. Quarterly actions and minutes are provided to Board members.</p> <p><b>Action: Discussion to be held regarding how best to site Board members on the ongoing progress and milestones of matters relating to the Strategic Partnership.</b></p> <p>TR felt that the new format of the report was good and provided information that gave a sense of what is actually happening in the organisation. TR enquired who was responsible for delivering the improvement trajectory and asked how the Board of Directors will gain assurance that it is being delivered. RM advised that the COO is responsible for delivering the improvement trajectory and the mechanism for ensuring its delivery is via the Senior Leadership Team meetings that are held monthly. RM felt that progress had been made over the past couple of months but was confident that DS, Simon Barton and Helen McKenna will form an excellent team from January, specifically with regards to RTT, emergency and cancer care.</p> <p>RM is working to formulise the improvement methodology within the organisation. JM felt this would enable the Board of Directors to manage at the appropriate level.</p> <p>DS advised that five, 52 week breaches were reported in October 2017 and confirmed that all patients have been treated or have been given dates for treatment. These breaches occurred as a result of the previous data validation issues.</p> <p>DS advised that the new report now includes performance regarding fractured neck femur based on the best practice tariff. The data relates to September 2017. The standard wasn't achieved for 14 patients, predominantly due to them not achieving surgery within 36 hours. The Division of surgery have reviewed their management practices for these patients and have implemented a series of actions to address these problems. The Division are now confident of delivering the target form October 2017.</p> <p>For the 62 day classic standard, the Trust achieved 77.8% in September 2017 against a standard of 85%. In the causes of underperformance the report shows that there were 23 patients that breached, this resulted in 17 ½ breaches. Work has been ongoing since July 2017 and RM now has weekly oversight. The main focus is to reduce the 62 day backlog. At the end of July 2017, the backlog was 71 patients over 62 days, this has been reduced to 34 but is still far too high.</p>	<p>RM/AH</p>	<p>21/12/17</p>
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Another areas of focus is diagnostics, the radiology team are working to a 7 day protocol for everything other than ct colons which is still at 14 days. It is anticipated that this will reduce to between 7 and 10 days by the end of December 2017. DS advised that a small amount of funding has been allocated to SFHFT from NHSI to help to continue to reduce the radiology backlog. Work with the Divisions is underway to appoint 2 week wait patients within 7 days, the Trust performs excellent against 14 days but DS felt that these patients could be seen sooner.

Joint work continues with NUH around optimal pathways and additional support has been provided by NHS Elect.

DS advised that all tumour sites are monitored against the return of diagnostics by day 28 and for tertiary referral, by day 38. There is no 62 day backlog in gynaecology or haematology and the 62 day standard is being delivering in breast, upper gastro intestinal and skin. High priorities continue to be lung, urology and lower gastro intestinal. These are high volume areas with more complex pathways and the areas with the biggest backlogs. DS felt that some tumour sites were working very well and significant progress has been made since July 2017. RM concurred that a lot of progress has been made but reiterated that there is a lot more work to do.

SK enquired if tertiary referral was an issue. DS confirmed that referral needs to be made by day 38 in order to achieve the 62 days, it is not an official standard but it is best practice.

DS advised that for 62 day referral to treatment from screening, there was one breach in September 2017. The patient was on a breast pathway and had treatment delayed by 6 weeks.

**ORGANISATIONAL HEALTH**

JB advised that sickness absence figures increased in October 2017 by 0.43% to 3.58%, which is still only just above target but is still comparatively good to other organisations.

JB advised that a breakdown of psychiatric illnesses had been conducted, although the causes were not all attributed to work related issues. Support is offered via occupational health and through counselling services. A discussion was held at the recent Senior Leadership Team meeting to initiate a task and finish group to work with Divisions to establish how to better support people experiencing this type of illness.

**Staffing**

JB advised that there are currently 120 Band 5 nurse vacancies which is the lowest for a considerable time. JB anticipates that this will further reduce in the coming months.

Trust wide appraisal compliance was 94% for October 2017, an increase of 1% from September 2017. This is against a target of 95%. For many months compliance has been solidly in the 90's and now it is only 1% short of target. It is expected that with the concentrated effort continuing on appraisals, the target of 95% will be achieved early in 2018. The Divisions of Diagnostics and Outpatients and Women's and Children are performing above target now.

	<p><b>Training and Education</b> Mandatory training has increased to 93% for October 2017. The Trust has consistently achieved above the 90% target for over a year.</p> <p><b>FINANCE</b> PR advised that the Trust’s financial position to the end of October 2017 is an overall deficit being reported of £22.86m, which is £1.1m adverse of control total at this point in the year. This is made up of two main components. One is the failure to achieve Q2 and the potential failure to achieve Q3 ED performance. This has resulted in the loss of £800k of Sustainability &amp; Transformation Funding. The balance of £300k is as a result of Divisional under performance, predominantly Surgery. Surgery’s improvement plan was presented to the Finance Committee in October but has not fully taken affect during the month of October. The Division will report back into the Finance Committee on 19<sup>th</sup> December 2017. As a result of the worsening position within the Divisions, the Executive Team has implemented expenditure controls to ensure that commitments are only made in pursuit of the 5 winter priorities of the Trust which are ED performance, cancer performance, improving quality, reducing agency costs and achieving the control total. The restrictions include constraints on appointments to A &amp; C, clerical and managerial appointments and there are further controls on non-pay discretionary expenditure.</p> <p>PR advised that overall income remains in line with plan although there are areas where income is below plan e.g. urgent care pathway. Whilst ED activity is comparable to last year, it is below the planned activity that was set as is the same for outpatients.</p> <p>In terms of pay, the Trust is overspent despite, for the fourth consecutive month, achieving the NHSI agency ceiling. The reason that pay is overspent is because the Trust is unable to achieve the pay CIP’s, mostly because they are dependent on the STP’s CIP’s delivering and where there are non-paying mitigations in place, there is movement. Overall the CIP plan is £100k better than expected at this point.</p> <p>With regards to the forecast, because the ED requirement will not be achieved, the whole quarters STF funding that is attributed to that will be lost, but the forecast indicates that Q4 will be achieved, but this is wholly dependent on M12 March performance.</p> <p>For capital, loan approval is still awaited, however NHSI has offered an alternative route to access some of the Trust’s capital requirement, this actively being pursued. This would enable the progression of capital schemes that have a positive impact on patient experience and would prevent further delays to capital schemes and the Trust’s ability to deliver a capital programme in 2018/2019.</p> <p>NG stated that the Division of Surgery had attended the Finance Committee in May due to underperformance and advised the Committee that the reason for underperformance was due to holidays. The Division then attended the Finance Committee in October where a CIP plan was implemented. This plan clearly became effective later than anticipated.</p>		
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	<p>NG stated that the main risk in the forecast is the Divisional performance throughout the rest of the year which NG felt was disappointing.</p> <p>RM stated that over the last two months within the meetings of the Board of Directors, discussions have been held regarding the importance of the Division of Surgery understanding how many patients they are operating on week by week and what would be a satisfactory increase in activity, both on an overall divisional level but also at a service by service level. RM was disappointed that six weeks after having had these conversations, insufficient progress has been made. As a result of this, PR will again meet with the Division but if a change in visibility is not apparent, RM will meet the Division directly, in advance of the Finance Committee meeting on 19<sup>th</sup> December.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p><b>16/636</b></p>	<p><b>NURSE STAFFING – 6 MONTH REPORT</b></p>		
	<p>SB presented the 6 monthly detailed report advising that it is provided to update the Board of Directors on nurse and midwifery staffing position.</p> <p>For UNIFY the Trust's red position, which is where there is less than 80% predicted fill, has reduced significantly this month which is a very good position to be in. The two areas where the Trust were lower than predicted were intensive care and the neo-natal unit, both related to HCA's. These areas did not require those shortfalls and there were no harms or concerns. The Trust's amber position, which is where there are slightly less than 95%, was only in one area. The Trust's blue position, which is where it is greater than 110%, equates predominantly to specialing and has reduced to 11. There was some concern that those shortfalls weren't filled so this is being reviewed. For the red and amber positions, there is no direct correlation with any patient harm.</p> <p>SB advised that one of the areas where there are Divisional issues around staffing is orthopaedics and the flex of beds to support demand. This uncertainty is having a negative impact on staff morale and the situation is being closely monitored.</p> <p>In relation to the EAU, at the beginning of the year there was a bed capacity of 52. This is the area with the highest number of registered nurse vacancies and as such, since June 2017, beds have been reduced to between 34 and 40 although the department is now beginning to recruit successfully. Their establishment review is currently underway based on a 40 bed baseline.</p> <p>Annual establishment reviews are currently being conducted in all ward areas which will be followed by a confirm and challenge with SB. SB did not anticipate much movement due to the amount of work that was conducted on the establishment reviews last year.</p> <p>Because of the challenges in EAU, RN's are being moved on a shift by shift basis to support this department, this is having an adverse effect on staff morale.</p>		

Volunteers are being sought who will work a week/month at a time in the department so that they can be supported and to prevent the uncertainty.

Entering into the winter period creates an increase in demand in medicine. Medicine are carrying the highest number of RN vacancies so close with that Division is underway at the present. In addition to the band 5 vacancies, there are also senior nurse vacancies. Staff are acting up into those posts but need developing so the Division requires a lot of support at present.

In relation to breaches against the safe staffing standard operating procedure, two ward areas breached in October which the Trust classified as a breach of the tipping point. This is classed as an internal never event. Route cause analysis were conducted by SB with individual staff and both RN's who were in the ward areas were contacted. This continues to be robustly monitored three times a day.

SB advised that HR are doing excellent work with regards to recruitment and the assessment days are being supported well by wards. There are good numbers of applicants and good attendances in relation to students. Posts have been offered to 23 RN's this month, 10 are already qualified and 13 will qualify in the summer of 2018. Work with students continues and the 'love our learners' concept has been adopted.

Discussions have been held with sisters and also with NHSI and the Director of Nursing in the Community Trust, regarding staff that are eligible to retire early. The Director of Nursing in the Community Trust has identified a cohort of district nurses that are now being exposed to providing care for patients that are more complex. The possibility of a secondment swap is being considered to ensure that SFHFT retain staff and to ensure nurses in the Community Trust are rained.

In relation to agency staff, there are fifteen off-framework, for short notice bookings. Route cause analysis have shown that only two were avoidable.

For the fill rate in relation to the registered nurse bank, following the previous work and investment in the bank there has been a significant increase to almost 60% for bank v agency. Wards are continuing to have their monthly dashboard meetings.

For maternity, staff are measured around birth rate plus and based on the last six months birthing figures, the Trust's ratio of midwives to births is in line with the national average. This confirms that the Trust is providing safe midwifery staffing levels. Work is underway with midwifery coordinators to consider telephone contacts and where that sits.

JM enquired as to SB's greatest concerns at present. SB expressed concern with EAU because of the significant number of vacancies within the department. The sister is working exceptionally hard and needs a lot of support. The other area of concern is orthopaedics because it is both elective and trauma but also because of the instability over the flexing of beds.

	<p>Staff including the ward leader, are finding it difficult. RM advised that an agreement with regards to whether or not to flex the bad base and a solution to separate wards 11 and 12, will be made at the Senior Leadership Team meeting on 7<sup>th</sup> December 2017. SB felt that it was important to support heads of nursing in the decisions they are making.</p> <p>RD enquired as to when the problem with nursing vacancies will be resolved or was a more proactive approach required in creating new roles of nursing. If so, would this be done internally or is the Trust reliant on external sources. SB advised that the Head of Practice Development is currently evaluating the nursing associates, which is a new national role, to ascertain the best use of the role going forward. Nurse apprenticeships are also being considered. The cohort of overseas registered nurses that are currently working as HCA's are still being reviewed. Allied Health Professionals are keen to observe how things are being done differently at SFHFT. Some roles that are conducted on wards are clerical could be and the AHP, when appointed into the Trust, will consider this as an option.</p> <p><b>Action: Critical risk areas to be expanded on the next report to Board and the actions being taken to mitigate the risk</b></p> <p>The Board of Directors were ASSURED by the report.</p>	SB	21/12/17
16/637	<b>ADVANCING QUALITY PROGRAMME – PROGRESS REPORT</b>		
3 mins	<p>PM presented the report advising that there had been a lot of activity across all workstreams. Some workstreams lend themselves very well to measurements and some do not. PM challenged colleagues to consider what would be the measures of success for the interventions that are being conducted and enquired how the Board of Directors could be assured that the interventions have been implemented well and have had a beneficial effect on care.</p> <p>PM advised that there are two elements to the AQP. One of which is the legacy actions that were required following the CQC inspection last year. The vast majority of them have been implemented but further progress is anticipated in relation to how deprivation of liberty safeguards are handled. Progress is dependent on the Trust's ability to implement NHS mail, the roll out for which has been suspended, this has impeded progress. However, the manual arrangements that are currently in place within the Trust are more than sufficient to meet the compliance requirements.</p> <p>In terms of the specific workstreams, there has been an enormous amount of activity regarding patient safety culture, in particular the introduction of Swartz rounding which is gaining pace. The idea behind this is to build engagement and relationships with front line teams on their patient safety and culture which helps to shape that culture and give senior leaders insight as to what it is really like when dealing with their safety agenda. Trainers have been trained and are rolling this out to dedicated areas. AH has rated this as amber on the basis that the appointment of the service improvement team has overrun. Appointments have been made but it will take a few months before those roles fully functioning.</p>		

<p>Programme 2 is around Nervecentre which links to recognising deterioration and rescuing patients. Of all the programmes that are underway, front line staff are in favour of Nervecentre and consider it to be a beneficial programme, the hand held devices in particular which enable deteriorating patients to be recognised faster. This implementation has resulted in an increase in the number of referrals to the Critical Care Outreach Team which is good indication that Nervecentre is starting to work and patients are being seen quicker. PM would like to see more outcome measures.</p> <p>The mortality programme is the implementation of a structural judgement review process that ensure deaths are reviewed and where necessary, a structured more in depth review is conducted to identify avoidable factors. The programme is working well and becoming embedded. The ability to look at these deaths is improving month on month and avoidable factors are being isolated. These avoidable factors will be used to determine how quality improvement is planned going forwards.</p> <p>PM advised that medicines management is a very important area of the programme. The data demonstrates that progress is being made, particularly with antimicrobial stewardship, although there is room to improve particularly with respect to senior reviews of prescriptions within 72 hours.</p> <p>There are good stable mechanisms in place for medication incident reporting. Staff are being encouraged to report adverse events for near misses or harmful events.</p> <p>The hospital 24/7 is two things, one is trying to achieve national standards in relation to a service that is available 24 hours a day 7 days a week. The second relates to there being no difference in the running of the hospital during the day and during the day from a patient point of view. AH is confident that the Trust will meet national standards in relation to this. A hospital out of hours service is being developed to provide a safe, consistent, high quality service to people out of hours. This is intricately linked to the implementation of Nervecentre.</p> <p>PM advised that the Safe Transfers of Care programme links to discharge, readmission and patient flows and the quality of its management. The anticipated progress has not been made and it has become apparent that there are duplications with the patient flow programme as part of CIP. A recommendation was been <b>achieved</b> by the AQB to the Quality Committee to transfer this programme to the patient flow programme within the CIP and develop it.</p> <p>Safeguarding and mental health is a key focus area for the organisation. The complexities of the rules, policies and procedures that front line staff have to follow have been recognised and the approach is to embed learning.</p> <p>Patient information builds on a lot of what was learnt last year from complaints. Patients were experiencing difficulty when trying to locate the information they needed. Patient information leaflets have now been updated and made accessible on Sharepoint. Further work is underway to make information directly accessible to service users, the feedback from which will be used to make further improvements.</p>		
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	<p>RM advised that the report had been slightly superseded by a discussion between AH, SB, PR and RM. There is a very well embedded improvement programme for both quality and for improving financial delivery which cost improvement is part of. There is also the Safe Transfer of Care programme and the patient flow work. This is clearly a massive overlap.</p> <p>The recommendation in the report applies to the wider AQP and the CIP. The proposal is that the Deputy Director of Quality &amp; Improvement and the Head of Programme Management, take the 8 workstreams and match them up with the CIP work that is taking place, both in terms of activity for 2017/2018 and planning for 2018/2019. It is expected that a huge amount of overlap between the AQP and the CIP will be identified. This should be naturally matched up, although there may be some areas that sit naturally within the CIP or AQP. The management support available will then be focussed on the high priority issues for the rest of the year.</p> <p>The AQP also needs reviewing to identify any items that are important to the quality agenda over the next six months that are not currently included within it and transferring to it.</p> <p>RM proposed that the recommendation in the report is the right one for safe transfer of care and patient flow but is also applicable to all of the other pieces of work taking place and they should not be conducted in parallel.</p> <p>RM stated that areas of particular focus in the coming months will be mental health and safeguarding.</p> <p>CW enquired if it was possible for the report to include a correlation between the number of medication incidents and the level of staff.</p> <p><b>Action: The analysis of the correlation between the number of medication incidents and the level of staffing to be included in the SOF.</b></p> <p>The Board of Directors AGREED that the proposal be applied to all pieces of work.</p> <p>The Board of Directors were ASSURED by the report.</p>	PM	21/12/17
16/638	<b>ASSURANCE FROM SUB-COMMITTEES</b>		
4 mins	<p><b>AUDIT &amp; ASSURANCE COMMITTEE</b></p> <p>RD presented the report advising that the Committee held a lengthy discussion regarding the electronic and paper measuring of the 4 hour target. The Committee were assured that the issues were being actively addressed and will be resolved as soon as possible. DS advised that a Divisional Performance Review meeting with Urgent &amp; Emergency Care had been held and the specific actions required to resolve the problems have now been agreed. RM did not anticipate the problem would be resolved quickly as there are data validity issues but patients are not coming to harm as a result of these problems.</p>		

	<p>The Data Quality Board will present a plan with a recommendation of when the issues will be resolved.</p> <p><b>QUALITY COMMITTEE</b></p> <p>SK presented the report advising that there had been no matters of concern to escalate to the Board of Directors. The Committee were content with the approach to learning on the improvement of safety and quality. The Never Event is currently being investigated, and a report will be submitted to the Board of Directors upon its conclusion.</p> <p>SK advised that the Committee were happy with the progress made at the Maternity Quality Summit and also with the development of the Maternity Improvement Programme.</p> <p>The committee were not clear of how to monitor the 18 week ED and the 62 day cancer standard performance as there is no supporting information to the 360 Assurance Report.</p> <p>PM advised of an issue regarding how the Board of Directors scrutinise its performance risks and the most appropriate environment.</p> <p>JM advised that the principles, from a constitutional standards perspective, indicate that the Board of Directors be fully sighted on performance risk.</p> <p><b>Action: Discussion to be held regarding the most appropriate environment to scrutinise performance risks.</b></p> <p>The Board of Directors were ASSURED by the reports.</p>	PM	22/02/18
16/639	<b>SCHEME OF DELEGATION</b>		
	<p>PR stated presented the Scheme of Delegation and Standing Financial Instructions advising that they had been amended as part of the annual review process. PR drew the Board of Directors attention to amendments relating to the approval process for payments to partner organisations and the inclusion of such investments within the business case approval process, both of which have already been established.</p> <p>The amendments were approved by the Audit &amp; Assurance Committee on 16<sup>th</sup> November 2017.</p> <p>The Board of Directors RATIFIED the amendments to the Scheme of Delegation and to the Standing Financial Instructions.</p>		
16/640	<b>USE OF TRUST SEAL</b>		
	<p>SH advised the Trust Official Seal has been affixed to the following documents by the Chief Executive Officer and the Head of Corporate Affairs/ Company Secretary.</p> <ul style="list-style-type: none"> <li>• Seal number 79:</li> <li>• Lease for Occupation of Byron Court, Arnold. Sherwood Forest Hospitals NHS Foundation Trust and Bizspace Ltd</li> </ul>		

<b>16/641</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
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"> <li>• Workforce Strategy</li> <li>• Risk Management Strategy</li> <li>• Trust Performance</li> <li>• Winter Planning &amp; Staffing</li> </ul>		
<b>16/642</b>	<b>ANY OTHER BUSINESS</b>		
1 min	<p>GW agreed to be the Non-Executive Director representative for fire compliance matters.</p>		
<b>16/643</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 21<sup>st</sup> December 2017 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>		
<b>16/644</b>	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald</p>		
	<p><b>Chair</b></p>		
	<p><b>Date</b></p>		