

Un-Confirmed MINUTES of a Public meeting of the Board of Directors held at 13:00 on Wednesday 25th January 2017 in Classroom 1, Level 1, King's Mill Hospital

Present:	Dr Peter Marks	Acting Chair	PM
	Tim Reddish	Non – Executive Director	TR
	Neal Gossage	Non – Executive Director	NG
	Graham Ward	Non – Executive Director	GW
	Ray Dawson	Non – Executive Director	RD
	Ruby Beech	Non – Executive Director	RB
	Peter Herring	Chief Executive	PH
	Dr Andrew Haynes	Executive Medical Director	AH
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW
	Shirley Clarke	Head of Corporate Affairs & Company Secretary	SC
	Paul Robinson	Chief Financial Officer	PR
	Julie Bacon	Director of HR & OD	JB
	Roz Howie	Chief Operating Officer	RH
	Jo Yeaman	Director of Communications	JY
	Victoria Bagshaw	Deputy Chief Nurse – Professional Lead for Corporate Nursing	VB
In Attendance:	Joanne Walker	Minutes	
	Kim Kirk	Head of Patient Experience	KK
	Elaine Jeffers	Medical Director's Assistant	EJ
Observers:	Nick Charity	Chad	
Apologies:	Claire Ward	Non – Executive Director	
	Barbara Beal	Chief Nurse	

Item No.	Item	Action	Date
16/335	WELCOME		
	The meeting being quorate, PM declared the meeting open at 13:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
16/336	APOLOGIES FOR ABSENCE		
	It was CONFIRMED that apologies for absence had been received from Claire Ward - Non – Executive Director and Barbara Beal - Chief Nurse.		
16/337	DECLARATIONS OF INTEREST		
	It was CONFIRMED that there were no additional declarations of interest relating to items on the agenda.		
16/338	PATIENT STORY - AUDIOLOGY		
	<p>The patient story regarding audiology was delivered by KK and VB.</p> <p>VB advised that the issue of lost patient personal property is problematic throughout the NHS and as well as hearing aids, relates equally to other items including spectacles and dentures. The loss of personal property impacts significantly on the patient because essential personal equipment is required by some patients to maintain contact and communication. SFHFT's Patient Property Policy has recently been reviewed and the use of Patient Property Lists have been reintroduced to be used as a prompt to discuss personal property with patients and relatives.</p> <p>TR felt that the environment should be changed to ensure that personal property that is used to assist the wellbeing and welfare of individuals is treated in exactly the same way as their patient notes.</p> <p>TR enquired if the story would be shared within the organisation. VB advised that the story would be shared at the Nursing and Midwifery Board on 27th January 2017 and would also be considered for inclusion in the Proud to Care days. KK advised that the story has also been fed back into Divisional meetings.</p>		
16/339	MINUTES OF THE PREVIOUS MEETING		
	<p>Following a review of the minutes of the Board of Directors in Public held on 21ST December 2016.</p> <p>NG requested that paragraph 2 of page 7 be amended to read "STF funding relating to the cancer target for the quarter was lost because the Trust did not achieve the cancer trajectories".</p>		

	Pending the above amendment, the Board of Directors APPROVED the minutes as a true and accurate record.		
16/340	MATTERS ARISING/ACTION LOG		
	<p>The Board of Directors AGREED the following:-</p> <p>Actions 16/286 and 16/290 are on the agenda and can be removed from the action tracker.</p> <p>Action 16/313.1 is included within the SOF and can be removed from the action tracker.</p> <p>Action 16/313.3 has been deferred until 27th April 2017.</p>		
16/341	CHAIR'S REPORT		
	<p>PM presented the report thanking staff and volunteers who worked over the Christmas holiday period for maintaining a high quality service for patients and visitors. Demand was significant at times over this period with changes in opening hours for healthcare services across Nottinghamshire making it even more challenging.</p> <p>PM advised that the mobile stop smoking clinic will attend KMH every Monday commencing 23rd January 2017. Positive feedback has been received.</p> <p>The Board of Directors NOTED the report.</p>		
16/342	CHIEF EXECUTIVES REPORT		
	<p>PH presented the report and thanked the Flu Vaccination Team for a successful campaign. The flu vaccination CQUIN target of 75% was achieved in December with 75.5% front-line staff being vaccinated since the campaign began in October.</p> <p>VB advised that vaccinations for the CQUIN will continue be counted until the end of February. The league table will be shared with the organisation upon receipt. SFHFT will continue to vaccinate throughout January and February.</p> <p>PH advised that SFHFT continue to engage positively with the media. Sky News visited ED at KMH for a national story regarding the Winter crisis faced by the NHS. As a result, the organisation was able to show that SFHFT continue to be among the best performing Trusts in the country despite the significant pressures and were 11th in the country for ED performance in November.</p> <p>PH advised that Hayley Allison, Assistant Chief Operating Officer, leaves Newark Hospital in February to pursue a new post at East Midlands Ambulance Service and thanked Hayley for all she has achieved at the Trust.</p>		

	<p>PH advised that Suzanne Banks returns to SFHFT at the same time as Chief Nurse, Barbara Beal will move to Newark Hospital as Associate Director from mid-February to the end of May to ensure continued, strong leadership while we recruit substantively to Hayley's post.</p> <p>The Board of Directors NOTED the report.</p>		
<p>16/343</p>	<p>VISION & STRATEGIC OBJECTIVES</p>		
	<p>PH advised that development sessions to establish SFHFT's new vision and key strategic priorities as a standalone organisation had run prior to Christmas. Events with senior leadership teams and staff focus groups have also been conducted.</p> <p>PH advised that SFHFT's vision is: -</p> <p><i>"Dedicated people, delivering outstanding healthcare for our patients and communities."</i></p> <p>The strapline is:-</p> <p><i>"Dedicated to Outstanding Care"</i>.</p> <p>PH advised that SFHFT's values remain the same:-</p> <ul style="list-style-type: none"> • <i>Communicating and Working Together</i> • <i>Aspiring and Improving</i> • <i>Respectful and Caring</i> • <i>Efficient and Safe</i> <p>PH advised that the aim and objectives over the next few years is to continue to build on the excellent foundation and develop an outstanding healthcare organisation for the future, not only by the CQC's definition but outstanding in all areas.</p> <p>PM enquired if a communications plan had been developed. PH advised that the communications will be very clear, that the aim of SFHFT is to develop a dedicated workforce that is delivering outstanding care.</p> <p>JY advised that a communications plan is emerging in conjunction with HR to ensure the message is embedded throughout the organisation.</p> <p>The Board of Directors APPROVED the vision and strategic priorities.</p>		

16/344	SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT		
	<p>SC presented the report and advised that the integrated report is based on the single oversight framework and also includes performance standards and finance data. It was agreed previously by Board members that the report would initially focus on those standards which have not been achieved. It was previously agreed that all standards showing as red on the dashboard will be reported to the Board of Directors and as such were included in the report.</p> <p>Quality, Safety & Patient Experience</p> <p>VB advised that Friends & Family Test (FFT) response rates are still not to the level required. Weekly reports are now sent to all relevant staff to provide a summary of the FFT data collection. Data continues to be collected via various mechanisms, including text messaging in ED, iPads and paper.</p> <p>AH advised that the poor FFT response rates have been discussed at PSQB and were escalated to the Quality Committee on two occasions and a number of changes have now been implemented. The first data set for December shows that the inpatient rate has increased to 29% which is double, the ED rate is 3% so there is still some work to do. AH advised that progress will be monitored on a regular basis through the Patient Experience report at PSQB with escalation to the Quality Committee.</p> <p>PM enquired if a text system as used by some global companies could be used to increase FFT response rates. VB advised that text messaging had been implemented within ED.</p> <p>RD suggested a prize incentive be considered in an attempt to increase FFT response rates.</p> <p>VB advised that whilst SFHFT remain significantly below the annual threshold, during December the Trust identified three patients with hospital acquired Clostridium Difficile. The increased testing with Norovirus will undoubtedly identify C-Diff as part of the process. Norovirus closed a number of wards during December and January and 11 care homes have also been closed within the region. AH advised that SFHFT are well on target to meet the annual target for C-Diff despite it being a peak year. AH also felt that SFHFT had contained the Norovirus outbreak very effectively.</p> <p>VB advised that the trust continues to demonstrate a reducing percentage of falls per 1000 bed days compared to the equivalent point 13 months previously. The current Trust figure for December 2016 is 6.00, the National average is 6.63. Whilst the overall numbers of patient falls dropped in December, the number of patients who experienced a fall with harm increased slightly from 16 in November to 20 in December, 2 of which were moderate harms.</p>		

Operational Standards

RH advised that the Trust failed to achieve the emergency access within 4 hour target in December having achieved 94.05%. There were a number of contributing factors including the Norovirus outbreak which resulted in ward closures at KMH. 11 care homes in the region were also closed and this caused discharge delays. ED attendances increased by 4.4% in December 2016 compared to December 2015 and on 27th December, KMH had 550 attendances which is one of the highest of the year. There was also a higher than expected number of ambulances with over 100 per day compared to 80 on average. AH advised that the increased number of ambulance attendances has been ongoing for a number of weeks, but unusually the conversion rates have fallen. This is being actively explored with the Urgent Care Delivery Board and with EMAS to understand the contributing factors that are outside of SFHFT's control. SFHFT's conversion rate overall hasn't increased so the Trust is managing to deflect a number of increase attendances away from inpatient beds through internal and community efforts.

RH felt that achieving 94.05% in December was a good achievement.

PH advised that SFHFT are one of the top performing Trust's in the Country for ED. 95.1% was achieved in Q3.

RH advised that SFHFT were at risk of not achieving the emergency access within 4 hour target in January because the high level of demand continues. RH was pleased to report that the target was achieved for 11 of the 13 days over this period which is excellent considering the high levels of demand.

AH advised that at the peak of pressures there was only 1 trust nationally that achieved the 95% target.

RH advised that for specialties exceeding the 18 week referral to treatment time, SFHFT are not achieving in 9 specialties. SFHFT are however achieving the RTT standard of over 92%. For the 9 specialties not achieving, robust action plans are in place to recover the position which has been hindered by staffing problems. RH expects that all specialties will be achieving the target by June.

RH advised that 2 patients breached the 52 week target. The target is expected to be achieved in February.

RH advised that SFHFT achieved 98% in December, narrowly missing the diagnostic monitoring target. Capacity is the main contributing factor. RH advised that achievement of the target in January is also being forecast as a risk.

RH advised that the target for last minute (on the day) non-clinical cancelled elective operations as a % of elective admissions is 0.8%, in December SFHFT achieved 1.1%. 17 patients were cancelled, most were due to a lack of speciality beds.

	<p>RH advised that there was a regional shortage of paediatric capacity in December. The target is forecast to achieve in February.</p> <p>RH advised that the breast symptomatic 2 week wait target was not achieved, this was due to patient choice.</p> <p>TR noted that a number of topics within the report relate to the lack of high dependency beds and enquired if this was an ongoing problem. RH advised that at present SFHFT have a number of very sick patients. SFHFT look across the region and are always in contact with the regional network however, intensive care and high dependency care capacity is very short across the region at present.</p> <p>TR enquired when the winter pressures will ease. RH advised that demand was very high at the beginning of January but felt that media coverage had helped to reduce some of it and although demand did begin to rise again, there has been a drop in the level of attendances over the past two weeks. There are significant delays in getting patients out of hospital, especially around health and packages of care but RH hoped that the pressures would ease by the end of February.</p> <p>NG enquired if anything could be done to assist the re-opening of the care homes that were closed due to the outbreak of Norovirus. VB advised that Public Health England have a clear monitoring programme that requires the last person having had the last of their symptoms to be clear for a specified period before the care home can re-open, this can take 3-4 weeks. There are 7 care homes shut currently.</p> <p>RH has raised the matter of communication with care homes at the A & E Board with the aim of enhancing communication to ensure that care homes inform SFHFT when they suspect they may have a problem. This would enable the Trust to implement preventative arrangements such as providing isolation within ED for patients admitted from these care homes.</p> <p>Learning from this year's experiences over winter, PM enquired what actions could be implemented to mitigate the impact next year. RH advised that the Better Together Alliance are looking at ways to reduce A & E Attendances and they are also considering different strategies to avoid those patients being admitted. These strategies should be implemented in time for the coming winter.</p> <p>AH advised that the system does a review every winter through the Urgent Care Delivery Board and this work is ongoing, the analysis from which AH anticipated would be quite helpful, providing all system partners engage in understanding what to do to improve.</p> <p>GW enquired if the shortage of high dependency beds was a serious pressure point or due to winter pressures. RH advised that it is a serious pressure point over the winter period but is managed throughout the rest of the year.</p>		
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	<p>Organisational Health JB advised that staff sickness absence figures in December were 4.5% against the target of 3.5%. A combination of general winter ailments are driving the underperformance. Managers are supported by HR Business Partners to implement the sickness policy.</p> <p>During December there were 43.07 FTE leavers compared to 40.70 FTE starters, the turnover rate increased to 1.13% which is an increase of 0.59% from November.</p> <p>Finance PR advised that as at the end of December, the financial position remains good and on plan. The Trust is ahead of its planned deficit by £0.41m at the end of December excluding LTP, driven by income over-performance and CIP delivery. This is £0.10m worse than forecast in month. Including LTP costs the Trust is £6.61m ahead of plan. The forecast outturn identifies an expected underspend of £6.13m on LTP costs and delivery of the control total of £41.14m excluding LTP is on track. Assumed within this is 100% delivery of the CIP target of £12.6m, continuation of and payment by commissioners of over-performance net of provisions made and delivery to the winter plan. The forecast includes £0.56m of additional STF incentive monies.</p> <p>The forecast outturn ranges from £9.1m worse than plan to £5.8m favourable to control total. The downside risk relates principally to commissioner non-payment and the deteriorating position would mean no S&T funding payable in Q4. The upside opportunity is principally additional STF incentive monies for LTP part of the control total and CCG provisions not required.</p> <p>Safer Staffing VB advised that the Norovirus outbreak and the increased capacity has impacted on SFHFT's monitored patient dependency. There has been no significant increase in serious incidents and all wards reported safe staffing throughout the period despite having to move trust registered staff onto some other wards to ensure fill.</p> <p>VB advised that SFHFT are one of the national test sites for the nursing associate post and trainees will commence their training on Monday. The Nursing & Midwifery Council have announced that the role will be regulated.</p> <p>VB advised that the pilot and implementation of SafeCare will commence at the end of January 2017. Implementation of this module will support the Trust to be fully compliant with the NICE Safer Staffing guidance and enhance the monitoring in real-time of safer staffing from both planned activity and patient activity perspectives.</p> <p>PM enquired if the increase in dependency on wards was connected with the pressure on high dependency beds. VB advised that it was not, this relates to ward level patients with a higher level of dependency than expected, frail patients that require a greater level of care.</p>		
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16/345	QUALITY IMPROVEMENT & ASSURANCE PLAN UPDATE		
	<p>PH advised that having achieved a status of ‘good’ in caring and in safety in the recent CQC Inspection, the aim of SFHFT now is to drive towards a rating of ‘outstanding’.</p> <p>PH presented the report advising that it was essentially the refresh of the QIP. The paper outlines the structure of the Quality Improvement and Assurance Programme (QIAP) designed to identify and monitor those major change programmes that will transform the care delivered to patients and support the journey from a rating of ‘good’ to ‘outstanding’.</p> <p>EJ advised the Board of Directors how the new QIAP would be structured going forward. In essence it is expected to be much more thematic in nature with an increased focus on the transformation of the care provided. The programme will take account of both external and internal intelligence around the safety and quality of care delivery but also importantly meet the needs of the Sustainability and Transformation Plan and the Strategic Priorities of the Trust.</p> <p>EJ proposed to provide a full summary report to the Board of Directors in the last month of each Quarter through 2017/18.</p> <p>The Board of Directors NOTED the content of the paper.</p> <p>The Board of Directors AGREED the Governance and frequency of the proposal.</p>		
16/346	BOARD ASSURANCE FRAMEWORK		
	<p>PH advised that the Board Risk Committee reviews the full BAF every month to provide assurance that principal risks are being managed effectively. The Audit and Assurance Committee ensures that the BAF remains an effective component within the Trust’s internal control framework.</p> <p>Following the review of the BAF at the meeting of the Board Risk Committee on 17th January 2017, PH confirmed that no material changes were made to any principal risks.</p> <p>PH expects that risk AF8 – Senior leadership stability, will reduce over the coming months with the substantive appointment of RH as COO and the forthcoming substantive appointments of the Chair, CEO and some Divisional Management posts.</p> <p>Certain areas of the BAF are reviewed at the Quality Committee and TR was encouraged to see a working document with live updates and good timelines.</p> <p>TR assured the Board of Directors that the Quality Committee were also looking at the tier below to try to anticipate new risks.</p>		

	<p>PH advised that the Board Risk Committee review the significant operational risks and identify any risks that require escalation. PH confirmed that no operational risks required escalating on this occasion.</p> <p>PM stated that for risk AF1 – Safe and effective patient care target, the risk rating was low compared to the residual risk rating and enquired how long it will take to bring the risk down to the target score of 4. PH advised that the target risk rating is assessed on the basis of the forecast trajectory over the next 12 months, if during the course of the year the risk reduces then the risk rating is refreshed.</p> <p>The Board of Directors REVIEWED the updated BAF.</p>		
<p>16/347</p>	<p>ASSURANCE FROM SUB COMMITTEES</p>		
	<p>Board Risk Committee PH presented the report and advised that an update had been presented to the Board Risk Committee by the Head of Estates and Facilities regarding the estate risks. This presentation prompted the suggestion that the estates strategy had last been presented to the Board of Directors in 2015. The Committee considered that things had moved on considerably since that time and as such requested that the refreshed Estates Strategy be presented to the Board of Directors in the coming months.</p> <p>Action: Estates Strategy to be presented to the Board of Directors.</p> <p>Audit & Assurance Committee RD presented the report and advised that the appointment of SFHFT’s external auditors would be proposed to the Council of Governors on 23rd Feb with a view to appointing by summer this year.</p> <p>Finance NG advised that although SFHFT were on target to achieve the CIP target this year, 20% of the CIP savings included are non-recurrent schemes and as such need to be incorporated when budgeting for next year.</p> <p>NG also felt that there could be a risk to the CIP programme arising from the change in the PMO team. SFHFT have had a big and stable PMO team to manage the delivery of this year’s CIP. The STP will also commence next year and NG hoped this would not impact on SFHFT achieving the CIP next year.</p> <p>Quality Committee TR presented report and escalated the following items:-</p> <p>The significant improvement in assurance from the Chief Pharmacist in relation to performance against medicines standards.</p>	<p>PW</p>	<p>30/03/17</p>

	<p>The risk in relation to the smooth switchover of the WinPath Server on 29th January 2017. RH advised that the switchover has been delayed by one week.</p> <p>The risk in relation to the ability of Sterile services to ensure sufficient sterile trays are available for each surgical procedure and that these are provided in a timely manner and that equipment and kit is fit for use.</p> <p>OD & Workforce Committee RB presented the report and advised that the Committee had received a paper which gave an update on the new Nursing Associate role and Nursing Degree Apprenticeship. A further progress update will be provided to the Board of Directors in March.</p> <p>RB advised that the Committee also received a report regarding the junior doctor's contract implementation which identified that the Trust has a process in place for "exception reporting" which is a key part of the contract and identifies where a Doctor has worked additional hours above their contract or where they are not receiving appropriate education / training. Future OD & Workforce Committee meetings will be presented with an exception report compiled by the Guardian of Safe Working Hours.</p> <p>Action: A progress update of the Nursing Associate role is to be presented to the Board of Directors via the OD & Workforce Committee report on 30th March 2017.</p> <p>The Board of Directors NOTED the update and reports.</p>	TBC	30/03/17
16/348	COMMUNICATIONS TO WIDER ORGANISATION		
	<p>The Board of Directors AGREED the following communications:-</p> <ul style="list-style-type: none"> • Vision & Strategy • QIAP 		
16/349	ANY OTHER BUSINESS		
	No other business was raised.		
16/350	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 2017.</p> <p>There being no further business the Chair declared the meeting closed at 14:35.</p>		
16/351	CHAIR DECLARED THE MEETING CLOSED		

16/352	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	There were no questions from members of the public present.		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. Dr Peter Marks Acting Chair		Date