

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 13:00 on Wednesday 27<sup>th</sup> April 2017 in Classroom 1, 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		
	Graham Ward	Non – Executive Director	GW	
	Ruby Beech	Non – Executive Director	RB	
	Claire Ward	Non – Executive Director	CW	
	Peter Herring	Chief Executive	PH	
	Shirley Clarke	Head of Corporate Affairs & Company Secretary	SC	
	Paul Robinson	Chief Financial Officer	PR	
	Julie Bacon	Director of HR & OD	JB	
	Dr Andrew Haynes	Executive Medical Director	AH	
	Roz Howie	Chief Operating Officer	RH	
	Suzanne Banks	Chief Nurse	SB	
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW	
	Paul Moore	Director of Governance & Quality Improvement	PM	
Marcus Duffield	Acting Head of Communications	MD		
<b>In Attendance:</b>	Joanne Walker	Minutes		
	Neil Perrons	Patient	NP	
	Laura Millward	Physiotherapist	LM	
	Rachael Bailey	Specialist Nurse	RB	
	S Srinivasan	Consultant Trauma & Orthopaedics Lead Clinician NOF pathway	SS	
	Dr K Ramsay	Orthopaedics Geriatrics Registrar	KR	
	H Barratt	NHFD Data Coordinator	HB	
	T Boyd	Discharge Coordinator Orthopaedics	TB	
	L Stanes	Pain Nurse	LS	
	Amanda Barrett	Project Manager	AB	
	Samantha Stanhope	Skanska – Waste Contract Manager	SST	
	Liz Nicholas	FM Services Manager	LN	
	<b>Observers:</b>	Lauren Clark	Chad	
		Abbigail Morrell	Chad	
	<b>Apologies:</b>	All present		

Item No.	Item	Action	Date
16/423	<b>WELCOME</b>		
	The meeting being quorate, JM 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.		
16/424	<b>APOLOGIES FOR ABSENCE</b>		
	All present.		
16/425	<b>DECLARATIONS OF INTEREST</b>		
	JM declared his position as Chairman of the University Hospitals of North Midlands.		
16/426	<b>PATIENT STORY</b>		
36 mins	<p>The patient story was presented.</p> <p>SB enquired what could have done better to improve NP's care and experience as a patient of SFHFT. NP expressed his gratitude and appreciation for the services and care provided to him during his recovery from cancer. NP felt that earlier intervention into the likelihood of head and neck cancer patients requiring physiotherapy and earlier access to other support services would be beneficial for future patients. NP suggested that ideally a radiotherapy service closer to home would prevent the distress caused to family members accompanying ill patients whom have to travel long distances for treatment. NUH have a service called Maggie's which is a drop in centre that provides useful information, join in group work and offers advice in a welcoming and friendly environment. NP felt that Maggie's provided an excellent service. NP stated that the Spring into Action Group at KMH, was invaluable to him during his recovery.</p> <p>TR enquired if the psychological support provided to NP by SFHFT was sufficient. NP advised that access to services was provided, but initially his main focus was the surgery. It was subsequent to the surgery when NP was trying to return to a normal way of living that the psychological help was required but had not been recognised. LM recognised and provided further access to these services during this time.</p> <p>PH asked LM and RB if there was anything further that the Trust could do to have further supported NP's care. LM advised that prior to November 2016 there was no physiotherapy oncology team to refer patients to. This service has now been established and referrals are accepted from all cancer sites with any Muscat conditions. LM advised that a business case had been presented to strengthen the service but was rejected.</p> <p><b>Action: Physiotherapy business case to be reviewed.</b></p>	RH	TBC

<b>16/427</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
	Following a review of the minutes of the Board of Directors in Public held on 30 <sup>th</sup> March 2017, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>16/428</b>	<b>MATTERS ARISING/ACTION LOG</b>		
	The Board of Directors AGREED that action 16/347 would be deferred until 29 <sup>th</sup> June 2017.		
<b>16/429</b>	<b>CHAIR'S REPORT</b>		
3 mins	<p>JM presented the report and advised of his visits to a number of Divisions and departments. The enthusiasm and commitment of staff was abundant.</p> <p>On behalf of the Board of Directors, JM congratulated TR for having been awarded Commander of the Most Excellent Order of the British Empire.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>16/430</b>	<b>CHIEF EXECUTIVES REPORT</b>		
3 mins	<p>PH presented the report and was pleased to announce that SFHFT had received the highest rating, 'A' by the Sentinel Stroke National Audit Programme (SSNAP) making SFHFT one of the best in the Country.</p> <p>PH advised that the nurse recruitment campaign was underway and the Trust internet provides access to recruitment material which PH considered to be a fantastic way of promoting the Trust and encouraging staff to come to SFHFT.</p> <p>PH was pleased to report that SFHFT has been shortlisted for more awards including the Healthcare People Management Excellence Awards for our health and wellbeing strategy and the NHS Sustainability Awards for Waste Management. This follows shortlisting's for two Patient Safety Congress Awards and the Trust being named earlier this year as finalists in three categories of the Health Service Journal's Value in Healthcare Awards.</p> <p>PH introduced and welcomed Anthony Rosevear as SFHFT's Assistant Chief Operating Officer based at Newark Hospital.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>16/431</b>	<b>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</b>		
51 mins	<p><b>QUALITY, SAFETY AND PATIENT EXPERIENCE</b></p> <p>SB advised that HSMR and SHMI continue to be below the expected range. As highlighted in March, the Trust has experienced a rise in crude mortality through the winter period.</p>		

	<p>It is envisioned that the expected mortality rate will also increase to reflect the acuity of patients being admitted November to March.</p> <p>Screening of eligible patients for identification of dementia and/or delirium and subsequent referral for further assessment and investigation is nationally recorded information. Currently the Trust is screening 91.6% of eligible patients. This is above both the target &gt;90% and the nationally recorded average 87.3%.</p> <p>The Trust's C-diff year end position is 28 against a threshold of 48.</p> <p>In-patient response rates for Friends &amp; Family Tests were above the national standard for February, but the Accident &amp; Emergency response rates remain below the performance threshold. Response rates are positive but the number of responses are low and work to increase response rates is ongoing.</p> <p>For falls the Trust continues to demonstrate a reducing percentage of falls per 1000 bed days compared to the equivalent point 13 months previously but there has been a slight increase this month in the number of falls per 1000 bed days to 6.77 up from 6.36, slightly above the national average of 6.63. There has been a fluctuation over the winter period which was anticipated but the big focus is on reducing the level of harm, which are beginning to decrease, and also to reduce the number of patients who have repeat falls. Harm free care remains positive but there has been a slight increase. Targeted work continues in this area. Falls and the reduction in level of harm are included in the Trust's Quality Priorities and Quality Account next year.</p> <p>March 2017 saw 12 wards, of the 29 areas monitored, recording actual staffing numbers greater than 110%. This figure was a continued decrease from previous months and it is expected to be reduced further following establishment reviews and changes that have been implemented from the 1st April. Overfills relate to increased patient dependency and continue to be monitored and managed by the ward sister/charge nurse and matron. In future this will also be triangulated against the new nursing 'breach report' which highlights where additional staffing has been booked to support patients who require enhanced observations.</p> <p>Due to the large number of vacancies within the organisation, SB is refining a staffing safeguards standard operating procedure which will identify triggers and monitor the ratio of bank and agency staff for every shift of every ward.</p> <p>NHSI have asked SB to Co-Chair a National Group in relation to staffing safeguards which SB hopes will help to further inform SFHFT's staffing safeguards standard operating procedure.</p> <p>TR enquired if staff had responded positively to requests for them to move into other areas of the Trust as per the contingencies implemented to mitigate the impact of IR35.</p>		
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SB stated that there are some members of staff reluctant to move but when provided with an explanation of the rationale and if the moves are kept to a minimum, staff are more supportive. TR suggested recognising the cooperation and flexibility of staff.

PW noted that the Trust Charity had recently launched the Dementia campaign at Newark and enquired if the flooring that had been applied in Woodland Ward had been effective in reducing the number of harms from falls and enquired if there was a measureable difference. SB stated that the number of falls and harms prior to the changes have been evaluated and a notable reduction has been identified but portable nursing stations have also impacted on this.

SB advised that Charitable Funds have agreed to support a Who's Shoes' workshop for Dementia.

CW enquired if any cross referencing had been conducted for those dementia screening patients attending from a care home and those attending from their own home, to enable an understanding of external activities that could be conducted with care homes. SB advised that the numbers and types of patients with a primary or secondary diagnosis of mental health problems has been analysed but not their origin specifically. SB stated that this information could be collated. PW advised that the Better Together Alliance is conducting work to measure residents of care homes having access to emergency services. PW stated that these specific features could be easily interrogated and agreed to include within the workstream.

JM stated that care homes often send their residents to hospital quickly and enquired if SFHFT have a role in trying to minimise such attendances. AH advised of a pilot that attempts to identify the 9 care homes with the highest number of attendances and ambulance call rates. The aim is to provide support in conjunction with the Community Health Partnership, to care homes regarding end of life care. The pilot commenced in January but data from February and March already shows a 50% reduction in attendances and admissions at SFHFT and a 50% reduction this January and February compared to last year. The number of calls to EMAS has also halved. RH stated that the pilot was evaluated and circulated to Alliance members for discussion on 24<sup>th</sup> March and enquired as to the outcome in terms of continuing with the pilot. PW advised that the pilot is under consideration but with such clear evidence of benefit, seems an obvious system to continue with and roll out across other care homes.

For serious incidents, PM advised that a pattern emerges between January and March of each year. Data has been analysed but no specific theme has been identified, although delays in care and treatment have been the main drivers this year to date. Discussions have been held at the Quality Committee and the suggestion made to speed up the decision making process for serious incidents as this may enhance overall responses. The coding of root causes and causal factors will also be reviewed more robustly. All 29 serious incidents that occurred in 2016 / 2017 will be reviewed and a report submitted to the Quality Committee.



JM suggested a review of SFHFT's serious incident processes by a peer Trust to provide an additional level of reassurance. AH suggested the National Safety Investigation Board be considered to provide the external view. JM suggested that any external intelligence that could be obtained would be helpful.

JM expressed concern that three of the serious incidents related to safeguarding issues and requested that the Board of Directors be briefed of serious incidents via the Quality Committee's report with any specific issues being raised to the Board of Directors.

**OPERATIONAL STANDARDS**

RH advised that the 4 hour standard was achieved in March 2017 at 95.86%. The Trust continues to perform and as of April 26th had achieved 95.0% for April against a 3% increase in ED attendances during April. The target was narrowly missed at 94.51% for the year end but performance has improved by 2.83% against 2015/2016 Q4.

RH advised that the national standard for ambulance handover delays is zero and very difficult to achieve as it is dependent on a number of variables. SFHFT have experienced significantly higher numbers of ambulances attending each day since October 2016 and there are continuing discussions with EMAS not only regarding the numbers attending but also with the batching of ambulances. At 17:30 as many as 10 ambulances arrive at SFHFT within a 30 minute window. On 26<sup>th</sup> April 2017, 8 ambulances arrived within 15 minutes making it incredibly difficult to handover all 8 within 15 minutes. A number of actions have been taken by the Trust to try to improve the handover.

RH advised of one 12 hour trolley wait. The patient attended ED with a mental health illness and was rapidly reviewed. The delays were due to a combination of a lack of mental health beds available in the region and transfer delays. Everything that could be done internally was done in terms of repeated escalations to the mental health Trust's and to EMAS in attempts to move the patient as soon as possible. The issues encountered were subsequently escalated to the mental health Trust's and to EMAS and standard operating procedures are now being developed with mental health Trust's, particularly with regards to improving our service to mental health patients that present at ED. Work also underway regarding regular attenders of ED who present with a mental health illness.

JM enquired how SFHFT compare to other providers with ambulance turnarounds. RH confirmed that SFHFT are performing very well in comparison.

PH enquired as to SFHFT's final position in the NHS League Table. RH advised that the league table had not yet been released but would be circulated upon receipt.

JB felt that in view of the challenges posed by the implementation of IR35, it was even more impressive that the Trust had still delivered that level of performance.

	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>A benchmark for ambulance turnarounds to be included on next months' report.</b></li> <li>• <b>League table figures to be circulated to Board members upon receipt.</b></li> </ul> <p>RH advised that for RTT, SFHFT are achieving above 92% consistently.</p> <p>There are four failing specialties which are trauma &amp; orthopaedics, dermatology, respiratory and urology. Action plans are in place for all four specialties.</p> <p>Trauma and orthopaedics had a planned reduction of elective operating over Christmas and the New Year. A number of operations were also cancelled in the first two weeks of January due to non-elective demand. RH anticipates that the target will be achieved in May.</p> <p>Conversations are underway with NUH with a view to providing a different model and more sustainable pathway for neurology patients.</p> <p>RH advised that 6 cases exceeded the 52 weeks referral to treatment in March. The validation of ophthalmology records was initiated in January 2017 and it was recognised that as a consequence, a number of patients would be identified as having breached 52 weeks. There have been 2 cases identified via the ophthalmology validation. Patients that SFHFT have transferred to other provider organisations who have failed to recognise the transfers, have also been identified. RH wrote to all providers in February 2017 to agree standard operating practices which ensures that SFHFT now receive read receipts from those providers when transfers are made. RH reiterated that these patients were referred 54, 71 and 90 weeks ago. The actions that have been implemented over the last two years will prevent such occurrences in the future. Additional validators have also been appointed to review clock stops in particular and RH advised that because of the increase in validation, it is likely that more patients will be identified but they will be proactively identified as opposed to reactively.</p> <p>SFHFT achieved 8 of the 9 cancer standards in February. The 62 day screening standard wasn't achieved. This was due to 1 patient which constitutes a 0.5 breach. The delays were due to Multi-Disciplinary Team delays at NUH which were out of the Trust's control.</p> <p>RH advised that the Trust are forecasting achievement of all standards other than the drug and 62 day screening target for Q4, for which there are very valid reasons for the breaches. The 62 day classic has been achieved for last 3 months and is forecast to achieve in March and for Q4 which is a big improvement and very positive.</p> <p>DMO1 was achieved in both February and March. There are risks for DMO1 in endoscopy as a consequence of experiencing a 9% growth against a forecast of 5%. There has also been a 20% increase in 2 week wait referrals over the last two months.</p>	<p>RH</p> <p>RH</p>	<p>25/06/17</p> <p>ASAP</p>
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TR enquired if any harm had been identified as a result of the RTT breaches. RH advised that an update is awaited for 1 patient whose appointment was on 25<sup>th</sup> April, all other cases had been assessed and no harm had been identified.

JM stated that in comparison to other Trust's, this was a very good performance and extended his congratulations to the teams.

**ORGANISATIONAL HEALTH**

JB advised that the Trust has made positive progress over the last 12 months in relation to managing sickness absence effectively. Sickness absence figures decreased in March by 0.54% to 3.51%, which is virtually to target.

Excluding rotational doctors, there were 29.50 FTE leavers compared to 44.61 FTE starters, the turnover rate decreased by 0.16% to 0.76%, which remains below the 1% threshold.

Overall, improvements have been made with band 5 registered nurses. The trajectory shows where planned nurse recruitment and student nurse recruitment is built in. JB stated that the gap will reduce but is a national challenge and it is unlikely that full establishment will be achieved.

JB advised that Trust wide appraisal compliance was 92% for March 2017, decreasing by 1% from February 2017. The Trust appraisal compliance target is 98% and although this has not been achieved, it is remaining fairly constant and is currently only 3% away from the new April target of 95%.

Mandatory training increased by 1% in March to 93%, the Trust continues to exceed the target of 90%.

TR stated that previous investment had been made in overseas recruitment and enquired if any further investment was being considered. JB advised that attentions have been focussed around the domestic and European markets, however agencies have been approached for their opinions regarding overseas recruitment and although there isn't much interest, some possibilities are being explored. The challenges for SFHFT are its location and the practicalities of individuals visiting home.

SB advised of a cohort of overseas HCA's and the possibility of implementing a bespoke training programme which is being explored with local Universities.

JM stated that the HR indicator gives an indication of potential problems within quality and suggested the exploration of methods of triangulating the information differently to incorporate other areas of the Trust. JB advised that part of the OD work for the coming year is to develop a cultural heat map which is very much based on that idea in that indicators are triangulated.



	<p><b>FINANCE REPORT</b></p> <p>PR advised that the Trust ended the financial year 2016 / 2017 on plan as per forecast. PR explained that the numbers in the report were prepared prior to the receipt of confirmation of the STF bonus allocations which amount to a £4.48m cash benefit for SFHFT. NHSI rules prevent any commitment of this resource, however because SFHFT are reliant on loans throughout 2017/2018, there is a real benefit to the Trust on interest that will now not need to be paid on £4.48m of loans.</p> <p>As per the forecast, financial outturn is £590k favourable to control total. On an operating income and expenditure basis, SFHFT has a deficit of £40.55m which is £0.59m better than control total. This is because income has been recovered due to activity over that planned and contracted for to a total of £5.0m, and the activity has been with costs that have equalled that amount.</p> <p>SFHFT has also delivered CIP's of £14.3m, £12.7m of which is recurrent against a plan of £12.6m. This is extremely positive news for CIP plan delivery.</p> <p>Within the numbers of the report, STF incentive monies of £390k have been assumed being the amount NHSI advised that the Trust would be in receipt of for being better than control total at end of Q3.</p> <p>Also reported in the year end accounts are commitments made in pursuance of the merger and long term partnership with NUH where £12.6m has been spent against the control total of £15.9m. PR advised that a significant note in the year end accounts is that impairments of £41.0m are being recognised. This is the deductions in the valuation of the Trust's fixed assets which is primarily due to the removal of VAT from the valuation of the PFI.</p> <p>Also of note is that against the Trust's capital plan of £9.5m, the forecast has been delivered with a small surplus of £14.0k.</p> <p>JM congratulated the finance team for their performance and stated that once again the performance and consistency of the Trust over the year has been excellent.</p>		
<p><b>16/432</b></p>	<p><b>BOARD ASSURANCE FRAMEWORK (BAF)</b></p>		
<p>2 mins</p>	<p>PH presented the report and advised that the BAF is reviewed monthly by the Board Risk Committee. Sub Committees also review specific risks relating to them.</p> <p>In the Board Risk Committee meeting held on 18<sup>th</sup> April 2017, there were no suggestions made to change any of the residual risks. The Committee did propose the removal of principal risk AF8.0 – Senior Leadership Sustainability due to the appointment of a substantive leadership team. PH advised that the Board Risk Committee considered that this was no longer a strategic risk to the organisation.</p>		

	The Board of Directors APPROVED the proposal to remove principal risk AF8.0 – Senior Leadership Sustainability from the BAF.		
<b>16/433</b>	<b>USE OF TRUST SEAL</b>		
1 min	SC confirmed that the Trust seal was not applied during March 2017.		
<b>16/434</b>	<b>AWARDS PRESENTATIONS</b>		
80 min	<ul style="list-style-type: none"> <li> <b>Improving Quality of Care for Hip Fracture patients (#NOF)</b>                      SS conducted the presentation.                       CW enquired what could be done to assist other parts of the organisation in achieving this type of success. SS stated that support was filtered down. Board and management engaged with front line staff and were willing to listen. The support to and the cooperation of front line staff is what enabled the change. The culture was changed from ‘them and us’ to a collaborative way of working together.                       TR enquired what SS’s vision of outstanding was. SS stated that there are further aims including the appointment of a hydration and nutrition coordinator for all patients and an activity coordinator because at any one time, 16 – 20 of the 38 patients are dementia and confused patients.                       TR suggested that if 40% of SS’s patients are dementia care patients, the Board of Directors need to look at investing in the ward and the Division to enable it to be more dementia friendly. PM stated that it is 40% now, but envisaged that this figure would increase over time.                       AH stated that this had begun as a regulator issues, the Board of Directors then put the spotlight on the subject and empowered the Team to take ownership of it. The Team successfully changed the culture and the environment of the service.                       GW felt that this was a great example to share across the wider organisation.                 </li> <li> <b>Waste Management</b>                      LN conducted the presentation.                       CW was pleased to see that every opportunity had been utilised and enquired what else could be done in conjunction with suppliers to further expand waste management. SST advised that there are certain waste types that have no value and engagement with suppliers is required for them to take such waste with them after the delivery is made. SST advised that the next phase is to engage with procurement. LN stated that deliveries of multiple items in one package, specifically items of IT, are avenues to pursue.                 </li> </ul>		

	The Board of Directors acknowledged the accomplishments and congratulated both teams wishing them success at the forthcoming awards.		
<b>16/435</b>	<b>NATIONAL PATIENT SAFETY ALERT – NASOGASTRIC TUBE MISPLACEMENT</b>		
11 min	<p>PM presented the report and advised that in July 2016, NHSI issued a Patient Safety Alert entitled Nasogastric Tube Misplacement: continuing risk of death and severe harm. The Alert was accompanied by a resource set which Trusts were directed to review and consider as part of a centrally coordinated self-assessment into the robustness of existing systems for supporting staff to deliver safety-critical requirements for initial nasogastric and orogastric tube placement checks.</p> <p>A comprehensive self-assessment was undertaken and was reviewed and challenged robustly by the Patient Safety &amp; Quality Board (PSQB) in April 2017 and an action plan agreed. PM advised that progress will continue to be monitored through the PSQB in accordance with the established process for managing the Trust's response to CAS Alerts, and will as part of the action plan involve seeking assurances from Divisional teams that medical staff can demonstrate completion of training and competence.</p> <p>TR suggested the compilation of CAS notifications onto an action log. PM advised that a notification action log is in situ. JM suggested that the log be reported to the Quality Committee and any matters requiring the Board of Directors attention be raised via the Quality Committee's monthly report to the Board of Directors.</p> <p><b>Action: CAS notification log to be reported to the Quality Committee.</b></p> <p>The Board of Directors APPROVED the recommendation to implement the changes as outlined in the report.</p>	PM	25/06/17
<b>16/436</b>	<b>COMMITTEE HEALTH CHECK</b>		
1 min	<p>SC presented the report and advised that in order to ensure the Committees are demonstrating good governance and identifying areas of improvement, a Committee Health Check self-assessment review has been undertaken.</p> <p>For the Quality Committee, Risk Committee, Finance Committee and OD &amp; Workforce committee, a standardised self-assessment was utilised. The Audit and Assurance Committee self-assessed against a specific Audit Committee self-assessment tool.</p> <p>Most Committees were compliant, a small number of actions were identified and these will be monitored by each of the Committees.</p> <p>The Committees also reviewed their Terms of Reference and work plan as part of the review.</p>		

	The Board of Directors were ASSURED by the report.		
<b>16/437</b>	<b>PFI JLC TERMS OF REFERENCE</b>		
2 min	<p>PW advised that following an Estates &amp; Facilities governance review, a number of Terms of References for meetings have been reviewed and updated. The Joint Liaison Committee is the strategic contractual meeting governing the PFI performance and effectiveness and is attended by senior Project Co. and Trust Representatives.</p> <p>PW advised that the Terms of Reference were approved at the Joint Liaison Committee on the 28<sup>th</sup> March 2017.</p> <p>PW suggested that a summary of activities covered for the preceding quarter is reported to the Board of Directors quarterly.</p> <p>JM advised that GW had been nominated to be the lead Executive for the PFI discussions going forward.</p> <p>The Board of Directors APPROVED the revised Terms of Reference for the PFI Joint Liaison Committee.</p>		
<b>16/438</b>	<b>ASSURANCE FROM SUB COMMITTEES</b>		
10 min	<p><b>Audit &amp; Assurance Committee</b>                  RD presented the report advising that the Committee met on 20<sup>th</sup> April 2017 and considered the Internal Audit and Counter Fraud Plan for 2017/2018. PH also attended the meeting and approved these plans.</p> <p>The Committee also received a report regarding the draft Internal Audit Opinion and the draft Annual Accounts.</p> <p>RD was pleased with the performance of the Audit &amp; Assurance Committee over the past year and thanked Committee members for their contributions.</p> <p><b>Board Risk Committee</b>                  PH presented the report advising that the Committee received an assurance report from the Women &amp; Children's Division, where it was reported that significant progress has been made in reducing the nurse staffing risk in Paediatrics through concerted efforts in recruitment.</p> <p>PH felt that 18 months ago, SFHFT were poor in the availability and development of business continuity plans. The Emergency Planning Officer reported to the Committee on 18<sup>th</sup> April 2017 that that Trust are now in an excellent position and have formal business continuity plans in place across the organisation.</p> <p>PH advised that further work is required regarding emergency preparedness but a development programme has been initiated.</p>		

	<p>PH advised of the elevated risk regarding the introduction of IR35 legislative changes, as previously documented in the BAF, that were assessed as particularly significant for the Emergency and Urgent Care Division.</p> <p><b>Charitable Funds Committee</b>                  TR presented the report advising that the Committee approved fundraising appeals for the Newark Hospital Dementia Care Appeal and the Parent's room for Ward 25.</p> <p>TR felt that the Committee were now operating proactively. The Fund Raising Strategy has been reviewed and is clearly defined and linked to the Trust's Strategic Priorities, capital planning programme and medical equipment. TR considered it would of benefit to the Board of Directors if the Fund Raising Strategy was presented to the Board of Directors in a future meeting.</p> <p><b>Action: Fundraising Strategy to be presented to the Board of Trustees.</b></p> <p>TR also advised that the Community Involvement Hub was now open and situated in the main entrance at King's Mill Hospital. TR invited all members to visit the hub.</p> <p><b>Finance Committee</b>                  NG advised that the BAF principle risk AF4: Financial Sustainability, was reviewed by the Committee but no change in the residual risk was recommended. NG advised that there is concern regarding delivery of the control total in 2017/2018, particularly with regard to the element of the CIP which relates to the STP. The Committee agreed that the risk would be reviewed again in detail in June 2017 when the CIP plans are more developed. The risk was mitigated slightly by the control total being increased by £1.8m in both 2017/2018 and 2018/2019 in recognition of the effect of the LTP costs in 2016/2017.</p> <p>NG was pleased to note that the implementation of the PLICS system is underway and will allow the development of dashboards to assess performance at patient and specialty level to drive decision making. The system will also be used to produce the reference cost submission in July for 2016/2017.</p> <p>A review of the 2017/2018 CIP revealed that the saving previously expected from length of stay reduced by around £650,000 in the month. As such, a deep dive into length of stay will be considered by the committee at its next meeting.</p> <p>NG expressed its thanks to the Finance Team for the financial control exercised in 2016/2017 and the part it played in the delivery of the control total and associated 'bonus' payment received from NHSI.</p>	<p>SC</p>	<p>TBC</p>
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	<p><b>Quality Committee</b></p> <p>TR presented the report advising that the Committee sought and received an update on the progress of developing and implementing the Advancing Quality Programme (AQP). The Committee were updated on the selection of change programmes for the year ahead and the plans to reintroduce programme governance to help drive delivery going forward. TR felt it of value for the AQP to be the focus of a Board Development Session.</p> <p><b>Action: AQP to be scheduled as a Board Development Session.</b></p> <p>TR advised that the Committee had also received a report highlighting the improvement in medicines optimisation.</p> <p>TR thanked the Committee for their work over the past year.</p> <p>The Board of Directors were ASSURED by the reports.</p>	SC	TBC
<b>16/439</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
3 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>• A thank you to staff for their unwavering performance over the past year</li> <li>• Gratitude to staff for their adaptability during difficult periods</li> <li>• Positive sickness figures to be shared with staff</li> <li>• A culture of improvement is to be reiterated</li> <li>• The presentation for Improving Quality of Care for Hip Fracture patients is to be included in the team brief</li> </ul>		
<b>16/440</b>	<b>ANY OTHER BUSINESS</b>		
5 min	<p>AH stated that a memorial service will be held on 5<sup>th</sup> May 2017 at 10:30 in memory of Jo Richardson. Jo commenced with the Trust as a Patient Safety Fellow in 2013 and remained until 2016 when Jo moved into general practice in Scotland. Jo was integral in establishing the foundation for improving mortality in sepsis within the Trust, working above and beyond and always going the extra mile. The Board of Directors expressed their gratitude for the contribution Jo made to the Trust.</p> <p>PH advised that the Executive Team were currently granulating the delivery of the Strategic Priorities and populating an associated action plan. It is the intention of the Executive Team that the action plan will be used as a live document to monitor achievement against delivery of the plan.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Strategic Priority Action Plan to be presented to the Board of Directors quarterly.</b></li> </ul>	SC	Ongoing

	<ul style="list-style-type: none"> <li><i>A Board Development Session to be arranged for Strategic Priorities.</i></li> </ul>	SC	TBC
<b>16/441</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 25<sup>th</sup> May 2017.</p> <p>There being no further business the Chair declared the meeting closed at 15:45.</p>		
<b>16/442</b>	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
<b>16/443</b>	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
	No questions were raised.		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald</p>		
	<b>Chair</b>		<b>Date</b>