

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 13:00 on Thursday 31st August 2017 in Classroom 1, Trust Headquarters, Level 1, King's Mill Hospital

Present:	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
	Ruby Beech	Non – Executive Director	RB
	Claire Ward	Non – Executive Director	CW
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer	PR
	Dr Andy Haynes	Executive Medical Director	AH
	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

In Attendance:	Joanne Walker	Minutes	
	Sandeep Dhir	Consultant Anaesthetist and Intensivist	SD
	Bronwyn Jones	Transplant Recipient	BJ
	Sarah Addlesee	Nurse Advisor to Patient Safety Programme	
	Phil Bolton	Deputy Chief Nurse	

Observers:	Eric Jones	Member of the public	
	Trevor Illsley	Baher	
	Charlotte Chapman-Hart	Member of the public	

Apologies:	Peter Wozencroft	Director of Strategic Planning & Commercial Development	
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Item No.	Item	Action	Date
16/547	WELCOME		
	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.		
16/548	APOLOGIES FOR ABSENCE		
	Apologies were received for Peter Wozencroft - Director of Strategic Planning & Commercial Development.		
16/549	DECLARATIONS OF INTEREST		
	No declarations were made.		
16/550	ORGAN DONATION CAMPAIGN & ANNUAL REPORT		
30 mins	<p>BJ told the story of her journey from being a patient at KMH (King's Mill Hospital) to becoming the recipient of a successful heart transplant.</p> <p>JM on behalf of the Board of Directors, thanked BJ for sharing her story.</p> <p>SD conducted the presentation and explained the progress that has been made since the UK strategy 'Taking Organ Transplantation to 2020' was published in 2013.</p> <p>SD explained that the most common reason for family refusal is that they are unclear as to their deceased family members wishes. Because the deceased patients next of kin has the ultimate decision regarding organ donation, SD reiterated the importance of family members talking about organ donation and making their wishes clear to their next of kin.</p> <p>SD advised that three patients per day die whilst awaiting organ transplants. One donor can save the lives of 9 patients.</p> <p>SD felt that organ and tissue donation should be usual, not unusual practice in Intensive Care Units and in the Emergency Departments. In addition, patients who unfortunately suffer Devastating Brain Injury, should be given a period of prognostication of up-to 72 hours in ICU. SD advised that the Emergency Department's role is crucial in achieving a world class Organ Donation and Transplantation service in the UK.</p> <p>SK explained that some individuals believe that they are ineligible to become donors but suggested that if anyone is in doubt they should check because very often they are eligible. SD reiterated and advised that there is a 24/7 service across the country where individuals can call and speak to a specialist organ donation nurse for advice.</p> <p>BJ advised that the family's wishes will supersede the patient's wishes even if the patient has signed the organ donation register.</p>		

	<p>TR enquired what lessons could be learnt from other organisations to improve organ donation in the UK. SD advised that the single most important message is to share our wishes whilst we are alive. The Trust has an active campaign and is performing well. There are 6 performance measures, SFHFT were better than the rest of the UK in 4 of the 6 of the measures for DBC and 4 of the 5 measures for DBT in 2016/2017.</p> <p>The National Organ Donation Campaign begins on 6th September 2017. Members of the Board of Directors will open the Trust's campaign in the main entrance of KMH at midday on 6th September 2017. The campaign will be closed on 8th September 2017.</p> <p>SD thanked the Board of Directors for their continued support with the Organ Donation Campaign.</p> <p>The Board of Directors RECEIVED the Organ Donation Annual Report.</p>		
16/551	MINUTES OF THE PREVIOUS MEETING		
	<p>Following a review of the minutes of the Board of Directors in Public held on 27th July 2017, the Board of Directors APPROVED the minutes as a true and accurate record.</p>		
16/552	MATTERS ARISING/ACTION LOG		
2 mins	<p>The Board of Directors AGREED that actions 16/529, 16/532.1 and 16/532.4 were complete and could be removed from the action tracker.</p>		
16/553	CHAIR'S REPORT		
3 mins	<p>JM presented the report and advised that the winners of the 2017 Chief Nurse Awards were announced on 22nd August. SB introduced SA who had recently been awarded the overall Chief Nurse Award. JM on behalf of the Board of Director's, thanked SA for the contribution she has made to improve the quality of care within the organisation.</p> <p>JM advised that the Staff Excellence Awards were launched on 29th August.</p> <p>PLACE (Patient-led Assessments of the Care Environment) ratings were recently announced which show that SFHFT is one of the cleanest organisations in the country with an overall cleanliness rating of 99.74%, the national average is 98.4%.</p> <p>JM advised that Governor elections opened on 17th August. The poll for voting closes at 17:00 on 12th September. Results will be announced on 13th September.</p> <p>The Trust's AGM will take place on 25th September in the King's Conference Centre at KMH.</p> <p>The Board of Directors were ASSURED by the report.</p>		

16/554	CHIEF EXECUTIVES REPORT		
3 mins	<p>RM presented the report advising that as a result of many conversations with a wide range of staff, patients and volunteers, it is clear that RM's role is to provide help, support and guidance to ensure that staff are as motivated and energised as they can be to deliver safe, high quality care. RM felt that energising staff and focussing on the quality commitment are the best ways of continuing progress around the access standards and overall financial recovery plans.</p> <p>From a quality perspective, RM advised that the organisation continues to perform well against the majority of quality metrics. The Trust is recruiting more staff than previously and there is a big reduction in the use of agency nurses and locum doctors. From an access standards perspective, the Trust is entering a difficult time of year, August has been a particularly difficult month for 4 hour performance, linked into accessibility of substantive medics within the department and the use of agency doctors. RM advised that the 95% target for the 4 hour wait will not be delivered in August. Performance is currently 94.3% and although this compares well, it isn't where the Trust has been for the past few months nor wants to be. The target is expected to be achieved in September.</p> <p>The Trust continues to perform well in the referral to treatment (RTT) elective care standard, despite an issue in diagnostics performance which is linked to issues with water supplies and an emergency outage.</p> <p>For the 62 day cancer standard, the Trust is not performing at the desired level but continues to make progress.</p> <p>Financial performance, the Trust continues on track but clearly there is more work required over the coming months and years to reduce the deficit.</p> <p>RM advised that the Trust continues to engage very effectively with Commissioner and partner organisations regarding plans that were submitted to this organisation a couple of months ago. Work continues with Commissioners to understand some of the intentions in order to fulfil this Trust's obligation and to be an active party in the health system which means continuing the commitment of high quality of care and continuing to deliver access standards whilst recognising that everyone is spending too much money. RM was pleased to advise that the Commissioners and SFHFT have a joint understanding which is a dissimilar position to some areas of the NHS. This is a result of the good work of the Executives and wider Senior Leadership Teams who are working effectively to mitigate some of those risks.</p> <p>RM and Executive colleagues continue to be very visible within the organisation. RM made a personal commitment to visit every clinical area twice in the first 100 days and is well on the way to achieving that.</p> <p>RM felt that it was important to continue working with Commissioners both around Commissioner intentions and neuro rehab services. Winter is fast approaching and therefore SFHFT's winter plan will be presented to Board of Directors in September's meeting.</p>		

	<p>The organisation delivered a very high quality of care last year within the access standards and within the financial envelope, RM stated that this performance needs to be replicated this year.</p> <p>JM enquired if there was anything else that the Board of Directors could do to support the organisation in preparation for the next CQC visit.</p> <p>RM stated that being CQC ready means ensuring that the visit provides the best possible account of the organisation. It is not about manufacturing a perfect visit as neither the CQC nor staff would respond well to that. RM felt it was about recognising the journey this organisation has been on and evidencing all the good work that is being done but also recognising the challenges both of the Trust's own making and those posed by the wider health system and working to resolve those.</p> <p>GW felt that the level of detail and information from the AQP compared to that received during the QIP is not the same and suggested that demonstrable improvements be provided to the Board of Directors to provide assurance.</p> <p>RM advised that there is a lot of good work taking place at present and the Executive Team, over the next few weeks, will consider how best to triangulate the information so that it becomes self-supporting and informs and assures the Board.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> • Public information regarding the CQC's view of functionality of Board and Board Committees is to be circulated to Board Members. • Board members to review and assess the requirements of being a well led organisation. • The changes regarding CQC visits are to be reviewed by Board members. • Consider how best the Board can obtain reports that show dynamic progress within the organisation. • Board members to consider what would be a successful CQC visit and be assured that what is believed to be happening within this Trust is what is actually happening. <p>The Board of Directors were ASSURED by the report.</p>	<p>PM</p> <p>SH</p> <p>PM</p> <p>RM</p> <p>PM</p>	<p>05/09/17</p> <p>28/09/17</p> <p>28/09/17</p> <p>28/09/17</p> <p>28/09/17</p>
<p>16/555</p>	<p>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</p>		
<p>33 mins</p>	<p>NURSING</p> <p>SB advised that during July there were 6 cases of c-diff. This has breached the Trust's monthly trajectory for the first time in 16 months. A number of cases were on the same ward and investigations are ongoing to establish any possible link.</p>		

	<p>Because this brings the total to 19 against a threshold of 48, AH and SB are meeting the Microbiology Team to understand exactly what the potential themes and contributing factors were to develop a real understanding.</p> <p>ACTION: An update on the investigation into the 6 cases of c-diff to be provided at next month's meeting.</p> <p>SB advised that unfortunately there had been a case of MRSA which is the first such case in 4 years and is reportable to Public Health England. An investigation is underway. SB and PM have visited the ward and were assured that it is unlikely to be an ongoing issue. SB assured that a lot of care was provided and a lot of learning obtained.</p> <p>For falls, SB advised that the Trust continues to demonstrate a reducing percentage of falls per 1000 bed days. The current Trust figure for July 2017 is 5.44 against the National average of 6.63.</p> <p>SB advised that there were no hospital acquired pressure ulcers in July. A total of 21 pressure ulcers were present on admission and 1 was thought to be hospital acquired but after a subsequent review by the Tissue Viability Team, it was found not to be a pressure ulcer. Unfortunately the review was conducted after the submission date for the Patient Safety Thermometer. SB advised that there has been a lot of work within the Trust regarding pressure ulcers including the 'Stop The Pressure' campaign. Further education and training continues. However, unfortunately in August, a grade 4 pressure ulcer was identified on the chin of a patient wearing an Aspen collar. SB visited the ward, held lengthy discussions and confirmed that significant changes have now been implemented. In addition the Tissue Viability Team, Orthotics Team and Consultant has conducted a lot of work to ensure that those patients with Aspen collars are safe, that appropriate collars are being used and that appropriate care, support and education is in place. SB was confident with the work that has been done and that these patients are safe.</p> <p>SB advised that the National Audit of Dementia (2017) was published in July. It identified the need to develop and improve a number of key areas and an action plan is being developed by the lead Clinician and Dementia Nurse Specialist. The actions arising from this report have informed the AQP. The AQP includes a workstream for dementia. The main areas of focus are discharge planning, notification of discharge and the environment. The Trust has a Dementia Steering Group and work continues with Champions. The Dementia Strategy is out for consultation.</p> <p>Friends and Family Testing (FFT) responses have slightly decreased but there is a focus within the Divisions. FFT will be included as a matrix in the ward assurance this week and a lot of areas are focussing on FFT. Additional training will be provided at the Sister Sessions.</p> <p>SB advised that the Trust is working with Public Health Nottinghamshire County to develop a Wellbeing Programme across the Trust for patients, staff family and friends in and out of the hospital.</p>	<p>SB</p>	<p>28/09/17</p>
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A short term post of CQUIN funding has been identified which has been match funded. The target is to support patients, relatives and staff to access services that are out in the Community. This programme links into the whole Occupational Health and Wellbeing Programme.

JM felt that there were a number of targets that were being missed marginally, the level of which have not been seen previously. JM enquired if there were any underlying issues. SB advised there are issues that are being addressed. AH advised that there was a locational element and assured that it was not a Trust wide issue. Senior leaders are very aware of the issues and a review of infection control in those areas is underway. AH assured that all the necessary support, controls and processes have been implemented. PSQB will review this in September, the result of which will be reported to Board via the Quality Committee.

PM felt encouraged that the Trust is acting much faster in terms of their awareness of problems and in acting on them. PM felt it important to be able to effect learning quickly.

PM advised that the Trust achieved the Venous Thromboembolism (VTE) prevention target for the first time. This is a very good achievement and PM felt that it should be recognised by members.

OPERATIONAL STANDARDS

DS was pleased to report that the Trust has achieved the 4 hour emergency care standard for five consecutive months, achieving 95.5% in July. Unfortunately the standard won't be achieved in August. The Trust is currently performing at 94.9%. DS advised that despite performing very well during the day, performance during the night is challenging. This is due to the middle grade rota in which there are a significant number of gaps which the Trust is reliant on locums to fill. It has been particularly difficult to fill those gaps during August and it has been equally difficult to fill those locum gaps. Work continues with the teams in these areas. There is a continuous recruitment campaign for consultants and middle grade locums and in addition, innovative recruitment campaigns are being developed to attract candidates. September's rota is looking much more sustainable and DS fully expects that performance will resume in September.

DS advised that handing over a patient from an ambulance to ED is expected to take no longer than 15 minutes with a zero tolerance. In July, 10.1% of ambulance handovers took between 15 and 59 minutes and 0.5% took 60 minutes or more. In July, the Trust's average ambulance handover time was just below 19 minutes. Work continues with EMAS specifically with the operational protocol, the recording of times and the agreement as to when the handover does take place, to help to improve performance.

DS was pleased to advise that there were no 12 hour trolley waits during July.

The Trust did achieve the Referral to Treatment (RTT) standard in July, however the Trust is failing the standard in 6 specialties. Recovery plans are in place with Divisions and it is anticipated that the standard will be achieved in these areas from the Autumn through to February.

	<p>The issues are generally staffing related.</p> <p>DS advised that the Trust continues to report the 52 week breaches. No new patients were identified as having waited over 52 weeks since month end. The one patient that hadn't been treated and had a TCI date of 24th August, will now have been treated.</p> <p>For diagnostics, Trust performance in July 2017 was 98.8% against the 99% standard. The Trust delivered the 99% standard in 7 diagnostic tests. DS explained the areas that the Trust failed to achieve the standard in and advised that there are particular issues in some areas. The biggest challenge is in echo's in cardiology that relates back to the bank holiday. Other issues include the small numbers, staffing challenges and equipment failures.</p> <p>The Trust achieved 87.5% in June against the target of 90% for the 62 day referral to treatment from screening standard. The breach related to one patient.</p> <p>The Trust achieved 88% in June against the target of 85% for the 62 days urgent referral to treatment standard. The trajectory continues to be realised month on month and although it has deteriorated in September, it is on the basis that work with the teams continues to clear the backlogs. DS does anticipate that performance will decrease before it improves and forecasts that the standard will be achieved by December 2017.</p> <p>DS assured members that the organisation now has a good grip on how processes are managed and this has been well received by the teams.</p> <p>Work continues with the teams in diagnostic to achieve routine 7 day reporting. Previously, this has been 14 or 21 days in some areas.</p> <p>DS advised that work will begin with clinical teams to look at specific pathways to ensure that the Trust is following the optimal pathways across the region.</p> <p>Work with Leicester Hospitals continues and a visit will be made within the next two weeks.</p> <p>RM advised that 4-hour performance is very important from a range of measures and is something that NHSI and the Department of Health view as a barometer of how organisations in the wider health economy are working. RM stated that it was disappointing that the Trust failed the standard in August but felt it important to recognise that different organisations fail the standard for different reasons. If SFHFT were an organisation that had continuous problems with flow out of the department and were seeing ever increasing patients attending and being admitted, that would be cause for concern. The reason that SFHFT can't achieve the standard until September is a single point of failure which is medical availability of middle grade consultants. This ties back to the Trust's recruitment campaign. RM confirmed that the fill rates in September are already improving.</p> <p>JM felt that in order to demonstrate continuous improvement, the organisation should consider setting some aspirations.</p>		
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	<p>DS felt that with regards to A & E, implementing a stretch target would have a damaging effect on staff morale.</p> <p>DS assured that the team is committed and motivated to achieving the standard. For cancer DS suggested that when the Trust is in a more sustainable position, a zero tolerance approach to unavoidable breaches could be considered.</p> <p>RM felt it prudent that the Trust focus on achieving the 4 access standards before considering stretch targets as this will put the organisation comparatively in a strong position and ensure that patients are receiving care across those 4 pathways in a timely way. From a cancer perspective, there are avoidable breaches and this should be an area of focus. For RTT, there are six specialties that are non-compliant, again this should be an area of focus. We have recognised that at present, there isn't a standardised improvement methodology within this organisation for improving our access standards but by focussing on the above areas together, performance will be improved.</p> <p>ORGANISATIONAL HEALTH</p> <p>JB advised that Trust sickness absence figures decreased in July 2017 by 0.12% to 3.43%, the Trust is now delivering to the 3.5% target. There has been a significant and sustained improvement.</p> <p>JB presented the reasons for long term sickness advising that the biggest cause was anxiety, stress and depression, although it is not clear if they are home or work related issues. Where the work issues are transparent, appropriate support is implemented.</p> <p>Across the Trust, there were more starters than leavers in July 2017 and the turnover rate slightly increased to 0.87% in July but is still under the 1% threshold.</p> <p>JB advised that the Scientific and Professional group has increased from 10.22% to 13.14% vacancies since April 2017 and its turnover is slightly above the Trusts threshold. In this category, the Trust is currently advertising for vacancies in Pharmacy, Clinical Biochemistry and Medical Illustration. JB felt that this was an area of risk and should be closely monitored.</p> <p>Trust wide appraisal compliance was 93% for July 2017 against a target of 95%. Whilst the Trust is not quite at target, for many months compliance has been solidly in the low 90's.</p> <p>Mandatory training remained static at 92% for July 2017, this is above the 90% target and although performance has been as high as 93%, new training requirements implemented in April has impacted compliance levels slightly.</p> <p>RD felt that accomplishing a sickness absence rate below 3.5% is an excellent achievement.</p> <p>GW felt that the level of detail provided regarding the reasons for sickness was helpful and suggested that only anomalies or changes be included in future reports.</p>		
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	<p>JM enquired if there was anything more that could be done to tackle anxiety, stress and depression. TR felt that the Staff Welfare Programme offered opportunities that staff are able to access.</p> <p>ACTION: The take-up and effectiveness of the counselling service to be analysed and reported to the Board of Directors.</p> <p>CW enquired if any intelligence had been provided by the unions with regards to trends. JB advised that no specific information had been provided but there is a general national campaign regarding bullying that the organisation works on alongside Unions.</p> <p>RD advised of a recent social media campaign to spot the signs of modern slavery within the NHS. PM advised that this had been reviewed via the Safeguarding Team.</p> <p>NG stated that with regards to vacancy levels, whilst improvement is recognised, it appears that there was a step change in medical and nursing in August 2016 and April 2017 but then has subsequently remained static until an increase in nursing during the past 3 months. NG enquired when the vacancy levels will improve. JB advised that in nursing there will be fluctuations due to the student intake in September. There is also the band 5 nursing promotion which has an effect as it appears that there are more new starters than leavers but it is actually attributable to internal promotion. SB advised that in addition, at the beginning of this financial year establishment changes were implemented and some wards had an increase in establishment in their RN workforce. HCA positions were converted into RN positions on some wards to provide a richer workforce. There is also the backfilling of posts. SB expects to see a big change in September when the student nurses commence with the Trust.</p> <p>FINANCE</p> <p>PR presented the report advising that in July the Trust's deficit was £3.3m which is £30k better than the plan. The YTD planned deficit is £13.3m which is £90k better than the plan set. There have been marginal variances in income pay and non-pay and the CIP has slipped slightly with a delivery of £3.74m, which is £90k behind the plan set at the beginning of year. Agency spend is in line with June's outturn and below the NHSI ceiling by £80k. In July YTD agency spend was £400k above the NHSI ceiling and £2.0m below the plan that was set at the beginning of the year.</p> <p>The forecast was refreshed at M4 and the Trust remains on plan and expects to achieve the control total target of £37.6m deficit. A range of assumptions have led to this conclusion, including maintaining ED performance, delivery of the £16.3m CIP and that any reduction in activity is matched with a reduction in cost and that the CQUIN targets are delivered in full.</p> <p>Divisions are performing worse than their control total, Urgent & Emergency Care being the area of most concern and are currently £1.1m worse than the control total that was set. As a result of the Division's deficit performance, PR has met personally with each DGM to identify opportunities and implement action plans together to achieve a breakeven position.</p>	<p>JB</p>	<p>28/09/17</p>
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	<p>As a result, items to improve the forecast by £600k within urgent & emergency care have been identified. PR expects to report improvements next month.</p> <p>PR advised that other risks to achieving the year end position include system wide plans to reduce activity. Discussions are underway with Commissioners to jointly plan for the year end and to ensure that there are no other risks introduced than those that are assumed in the risk range.</p> <p>PR advised that the other area of risk is the capital plan for which delivery is currently £2.0m behind plan. This is due to NHSI's delay in approval of the Trust's capital loan of £5.6m which is delaying the Trust's programme. Concerns have been raised and escalated with NHSI twice. Risk assessments to identify the impact of delaying each of the schemes within the programme are underway. This will inform the decision of whether or not the Trust rolls out its capital programme in advance of having those funds approved. The Trust would not be allowed to do this at present as it has not yet been approved by the regulator.</p> <p>RD enquired if any of the delayed schemes will compromise the CIP programme or any other funding advantages. PR advised that the delay did not impact the CIP but one scheme within Women's & Children relating to assessing software was a matter of urgency and did impact our patients.</p> <p>RM advised that NHSI are being consistently slow with all organisations.</p> <p>JM enquired what the longer term plan was to reduce the Trust's deficit. PR advised of discussions with local NHSI finance colleagues to obtain their view of the future of control totals beyond 2018/2019. If it is assumed that the current rate of change that is required by control totals up to 2021 continues, the estimation is that the deficit would reduce to circa £21.0m which is the PFI excess. PR advised that to achieve this would require a huge continuation of the good work within the CIP.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>16/556</p>	<p>NURSING SAFER STAFFING</p>		
	<p>SB presented the report advising that the Nurse Safer Staffing report is the position that is reported each month relating to the Trust's staffing fill rate. It is important to note that the number of red ratings have increased but this is due to the need to flex beds on a number of wards. The number of beds have been reduced because of the staffing position and beds have been flexed accordingly where appropriate. As a result of this flexing, some areas have been shown as red which shows an underfill.</p> <p>SB assured members that staffing figures and fill rates are reviewed twice daily and any ward that identifies red twice in one day is visited by the Matron to determine the issue and for resolution. No correlation with any harm and staffing has been identified.</p>		

	<p>The temporary staffing figures show a very good picture in percentage of bank fill against agency fill.</p> <p>SB advised that the Trust has not used any agency HCA's for over three months. This is due to the virtual ward to which the Trust continues to recruit and replace.</p> <p>However, there has been an increase in requests for enhanced 1 to 1's and as such a deep dive will be conducted to establish the reasons for this.</p> <p>Safe Care is what demonstrates acuity and this programme has been rolled it out and continues to be embedded across the Trust.</p> <p>SB advised that the recruitment campaign continues and the Trust has again successfully recruited from the assessment day. An overseas recruitment campaign will begin in September in Croatia. An advert to recruit an Associate Chief Allied Health Professional (AHP) has also been released to ensure that there is senior AHP leadership within the organisation.</p> <p>The Board of Directors RECEIVED the report and NOTED the actions taken and plans in place to provide safe nurse staffing levels across the Trust.</p>		
<p>16/557</p>	<p>EMERGENCY PLANNING RESILLIANCE AND RESPONSE SELF-ASSESSMENT</p>		
<p>3 mins</p>	<p>DS presented the report advising that the self-assessment had been scrutinised at both the Assurance Committee and at the Board Risk Committee.</p> <p>DS explained that the Trust has an obligation against the 6 core responsibilities identified and 10 core standards.</p> <p>Last year 5 areas were self-assessed by the Trust as non-compliant. When the Confirm and Challenge was conducted, the Trust received a rating of substantial compliance. These 5 areas have been re-assessed this year and it is DS's expectation that the Trust will be assessed as being fully or substantially compliant. The confirm and challenge will be held on 11th September.</p> <p>PM advised that the BRC thoroughly reviewed the self-assessment and were content.</p> <p>JM enquired if staff training was a matrix within BRC and if the Committee had been assured that appropriate training and training practices were in place. PM confirmed that the BRC do scrutinise staff training programmes. DS assured that evidence has been prepared and will be reviewed as part of the Confirm & Challenge session.</p> <p>TR enquired if anti-terrorism was included in the training. PM assured that it was included and covers internal and external incidents.</p> <p>The Board of Directors APPROVED the report.</p>		

16/558	NEURO-REHAB BUSINESS CASE		
3 mins	<p>DS presented the report advising that the Trust are currently commissioned to provide the service at Mansfield Community Hospital on Chatsworth ward.</p> <p>The service is provided on a 16 bedded unit and there is a service specification.</p> <p>DS advised that the paper proposes that SFHFT cease to be a provider of specialist neuro-rehabilitation.</p> <p>DS explained that since November 2016 there has not been a substantive consultant in post and locums have been used to provide the service. A review of activity shows that 14 – 16 beds are routinely occupied but of these only 7 on average are for patients with specialist neuro-rehabilitation needs. The other patients have other rehabilitation needs. In addition, the service is operating at a substantial loss. The CCG intends to reduce the contract value by 30% (c. £439,812) as part of the QIPP for 2017/18.</p> <p>There are three levels of service, level one is tertiary rehabilitation, level two is district level and in order to provide levels one and two of the services, the Trust would have to have a consultant who is trained and accredited in rehabilitation medicine. Level three of the rehabilitation service is a locally provided service and can be consultant or therapy led. It is still an inpatient service but does not have to be conducted by an acute trust provider nor does the consultant need to have specialist training and accreditation.</p> <p>DS advised that although the service specification does not detail which level of care SFHFT are currently commissioned to provide, the tariff and service specification suggests it is that of level three although there are some level two patients on the unit at present.</p> <p>DS stated that the proposal is to cease to provide level two care on the unit over a period of time and continue to work with Commissioners to ensure that there are alternative arrangements in place for those patents. In terms of level three patients, the proposal is to again work closely with Commissioners to ensure that there is a service specification specifically for that service and that there is a local provider, but that provider and location may or may not sit with SFHFT as an acute trust.</p> <p>The Board of Directors regrettably APPROVED the report subject to clarification of decision making and governance consultation processes.</p>		
16/559	ADVANCING QUALITY PROGRAMME – UPDATE		
3 mins	<p>PM presented the report advising that on behalf of the Board PM had paid particular focus to the recommendations that the CQC made following their Inspection last year and was pleased to report that the majority of recommendations are now complete, although there are three actions that remain open. The first action reports on safeguarding using a particular portal which is dependent on the migration to nhs.net. There has been some delays with this migration but upon completion, this action will be concluded.</p>		

	<p>The other two actions relate to staffing within ED Paediatrics and Resuscitation, both are under very close observation and upon review and assurance from SB, these actions will be closed.</p> <p>The residual actions on the 2015/2016 QIP have been monitored and all actions have been migrated into the most appropriate AQP workstream for which delivery is being monitored. The AQP is making good progress on all aspects of the programme and is on track with delivery.</p> <p>PM felt that SFHFT have done very well to get to a position where there is clarity over problems, a plan for resolution and evidence of delivery.</p> <p>PM challenged colleagues to evaluate what measures of success will be required in order to enable the evaluation more directly of the impact of change, and whether or not it has had a beneficial effect or not.</p> <p>PM advised that matters that the AQP will need to address next year and beyond, are also being currently considered.</p> <p>TR was concerned that items that are green and at risk of becoming amber are not being identified. Such matters that are on the horizon that may be beginning to slip should be identified and prevented with minor interventions. PM advised that the Executive Team have been considering how to 'flag before we fail' if there is a problem in good enough time to resolve it. PM suggested that reporting parameters to provide sight a little earlier could be implemented though the risk and performance management framework.</p> <p>JM enquired how this would culminate in the performance report.</p> <p>RM advised that this has been discussed in detail at the BRC meetings. The Committee are aware and manage high level risks but feel unsighted as of the risks just below that and as such are considering lowering the tolerance to enable a more encompassing conversation.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>16/560</p>	<p>GENERAL DATA PROTECTION REGULATION</p>		
	<p>SH presented the report advising that the GDPR comes into force on 25th May 2018 and will be directly applicable as law in the UK.</p> <p>The GDPR introduces a principle of 'accountability' which requires organisations to be able to demonstrate compliance with the regulations. SH explained the 12 areas of focus.</p> <p>SH confirmed that a detailed action plan has been developed and a Compliance Group established to demonstrate compliance.</p> <p>The Board will receive regular updates with regard to progress via the Audit and Assurance Committee report.</p> <p>The Board of Directors were ASSURED by the report.</p>		

16/561	ASSURANCE FROM SUB-COMMITTEES		
4 mins	<p>BOARD RISK COMMITTEE</p> <p>PM presented the report advising that the Committee met on Tuesday 15th August 2017. A report was received from the Director of HR & OD regarding the level of compliance with mandatory Fire Safety Training within the Trust. The Committee were assured overall by the Trust's mandatory training compliance level for Fire Safety Training but did have some concerns regarding bank staff, and whether or not their training is up to date. Those individuals on bank who are inactive for more than 6 months will now be removed from the bank and in addition, from October 2017, bank staff will only be allowed to book shifts if they are up to date with their mandatory training.</p> <p>PM advised that the Committee received assurance from the Acting Director of NHIS regarding concerns that had been raised about the condition of an IT cabinet in the Medical Records Library and the potential risks to the security and availability of essential information.</p> <p>The Deputy Director of Training, Education & Development confirmed that funding for Learning Beyond Registration for this year has now been provided, although has been reduced. Plans are in place to manage this reduction.</p> <p>The Divisional General Manager for Emergency & Urgent Care presented a summary report covering reportable risks within the division (those currently rated 10 or more). The Division has a higher proportion of reportable risks that that of other divisions within the Trust, with the majority of risks concerning staffing levels and associated financial impacts. The Chief Financial Officer presented a summary report covering reportable risks within the department.</p> <p>PM advised that there are significant risks associated with the delivery of the CIP within SFHFT and within that of the wider health system.</p> <p>PM confirmed that there are no significant changes to the significant risk exposures that SFHFT are currently exposed to, however those risks are being refreshed to renew the understanding of the risks.</p> <p>RM stated that although risk scoring is not conducted in a standardised way within the Trust, the Committee believe that the Divisions are interpreting scores slightly differently. Work is underway to ensure that risk scoring is standardised across all five Divisions and in Corporate areas.</p> <p>TR enquired how confident the BRC were that all risk registers would be updated. PM advised that follow ups are conducted with all relevant areas and will continue to be monitored. TR felt it important that risk registers were viewed as helpful tools and not as an administrative challenge. PM assured that risk registers were viewed as helpful tools within the organisation.</p>		
10 mins	<p>FINANCE COMMITTEE</p> <p>NG presented the report advising that performance YTD was in line with plan, the only exception being the capital plan. The Trust is still forecasting to meet the control total for the year which is a deficit of £37.62m net if the STF.</p> <p>NG advised that a number of risks remain in delivery of this forecast.</p>		

<p>2 mins</p>	<p>The risk range against the control total has narrowed slightly from that reported at month 3 from a downside of £15.1m to an upside of £3.5m. The significant risk is the CIP target which for the year is £16.26m, of which £10.04m relates to the Trust and £6.22m relates to the Alliance. The Trust target is broadly considered to be achievable but the Alliance is 18% behind its target at the end of month 4 and the Alliance plan is backend loaded with 74% of the planned total forecast to be delivered in quarters 3 and 4.</p> <p>At the end of month 4, the Proactive and Urgent Care workstream is forecasting to be £908k behind its full year forecast and the Elective Care Programme workstream is forecasting to be £697k behind plan by the year end.</p> <p>Delivery of the Alliance QIPP presents a considerable risk to SFHFT as does the ability of SFHFT to eliminate costs in line with any reductions in income.</p> <p>NG confirmed that the reference costs submission was made in August, around two weeks ahead of the NHSI deadline and was for the first time based on the new PLICS system which NG expects will allow for better analysis of cost drivers within the divisions.</p> <p>The Committee noted that there were a couple of increases in cost, year on year, particularly in ED where costs had increased around 19% year on year. It is not yet known how this benchmarks against other organisations but NHSI will provide the information to enable comparison. NG anticipated that due to the reliance on locums and agency staff in the department, SFHFT will be an outlier.</p> <p>The Committee reviewed the Alliance Leadership Board report for July and stated that colleagues are already aware of the issues for delivery this year.</p> <p>The performance of Outpatients & Diagnostics was reviewed for the first four months of the year. Performance is slightly behind, mainly due to an under delivery of the CIP and unexpected agency costs in certain areas.</p> <p>NG advised that NHIS's quarterly report identified that SLA's had been missed in the first quarter, this was mainly due to the cyberattacks. The Cyber Strategy is out for consultation and feedback is expected over the next few weeks.</p> <p>The Committee reviewed its workplan for the year and considered reducing the number of meetings held each year from 12 to 6 to coincide with significant events in the financial calendar. A proposal will be prepared for the October Board meeting for discussion and approval.</p> <p>OD & WORKFORCE COMMITTEE</p> <p>CW submitted the report Advising that the Committee received an annual overview of the key achievements and range of activities carried out by the Training Education and Development Department in 2016/2017.</p>		
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	<p>CW was pleased to advise that SFHFT are the first Trust in the world to have state of the art virtual reality dental simulators installed to support post graduate dental education.</p> <p>The Diversity report was considered by the Committee. CW was pleased to advise that SFHFT have been awarded the 'Disability Confident Employer' status for 12 months.</p> <p>The Committee also reviewed the Medical Education Assurance report. 8 FY2 doctors have accepted an "F3" post at SFHFT in their preferred specialty. The Trust has also been selected as a pilot site to run the EPIFFANY project designed to reduce medical prescribing errors.</p> <p>The Board of Directors were ASSURED by the reports.</p>		
16/562	COMMUNICATIONS TO WIDER ORGANISATION		
1 min	<p>The Board of Directors agreed that the following items would be distributed to the wider organisation:-</p> <ul style="list-style-type: none"> • Promote the Organ Donation Campaign • Inform the organisation of the Trust's Performance • Inform the Organisation of the decision regarding the Neuro-Rehab Business Case 		
16/563	ANY OTHER BUSINESS		
1 min	<p>JM on behalf of the Board of Directors thanked RB for the support that she has extended to the Trust during her term as Non-Executive Director.</p>		
16/564	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 28th September 2017 in the Boardroom at Newark hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 15:00.</p>		
16/565	CHAIR DECLARED THE MEETING CLOSED		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald</p> <p>Chair Date</p>		