Un-Confirmed MINUTES of a Public meeting of the Board of Directors held at 13:00 on Wednesday 22nd February 2017 in Classroom 1, Level 1, King's Mill Hospital

Present:	Ray Dawson	Acting Chair	RD
	Tim Reddish	Non – Executive Director	TR
	Neal Gossage	Non – Executive Director	NG
	Graham Ward	Non – Executive Director	GW
	Ruby Beech	Non – Executive Director	RB
	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
	Roz Howie	Chief Operating Officer	RH
	Suzanne Banks	Chief Nurse	SB
	Jo Yeaman	Director of Communications	JY
In Attendance:	Joanne Walker	Minutes	
	Justin Wyatt	Ward Leader	
	Scott Marshall	Matron	
Observers:	Sue Holmes	Governor	
	Keith Wallace	Governor	
	John Hutchinson		
	Karen Dunderdale		
Apologies:	Claire Ward	Non – Executive Director	
	Dr Andrew Haynes	Executive Medical Director	
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	

Item No.	Item	Action	Date
16/364	**WELCOME**		
	The meeting being quorate, RD 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.		
16/365	**APOLOGIES FOR ABSENCE**		
	It was CONFIRMED that apologies for absence had been received from Claire Ward - Non – Executive Director, Dr Andrew Haynes - Executive Medical Director and Peter Wozencroft - Director of Strategic Planning & Commercial Development.		
16/366	**DECLARATIONS OF INTEREST**		
	It was CONFIRMED that there were no additional declarations of interest relating to items on the agenda.		
16/367	**PATIENT STORY – RESPIRATORY MEDICINE**		
	The patient story was delivered by JW and SM. JW concluded that this patients physical and mental health needs were very challenging, but by individualising care needs, working collaboratively and ensuring the safety of the patient at all times, this patient received the best care and the best outcome. JW felt that if more information regarding the patient's mental health history and management had been provided beforehand, SFHFT could have been more pro-active in adapting care. The handover and information from ICU could have been improved and due to the level of care required and the level of risk, additional staff to support the patient's own carers would have been provided from the start. Individualised care and care planning is the key to providing safe, high quality care. Collaborative, cross agency working, with the patient at the heart of all decisions, achieves the best outcomes. JW advised that staff have indicated that they would like to learn more about mental health conditions and how to manage them. TR enquired how SFHFT could further support JW and the team involved in caring for patients with mental health needs. JW advised that the mental health awareness training had been very beneficial and was supportive of all members of the ward conducting this training. The ligature training that had been rolled out last year had also been very beneficial. Having the equipment available and the understanding and support of colleagues is helpful.		

	TR enquired how lessons would be learnt to identify patients with mental health needs that were more difficult to recognise. JW advised that if the individual is known to mental health services, improving the sharing of information and working alongside agencies would be beneficial. It is more difficult for when individuals aren't known to mental health services. SB felt that this example confirms that the education, training and the focus in relation to self-harm and ligature training last year has come in to affect. GW felt that the fact that the situation was picked up quickly without sight of the information for several days, shows that the training is helping but ways to improve communication and relationships with mental health services is required.		
16/368	**MINUTES OF THE PREVIOUS MEETING**		
	Following a review of the minutes of the Board of Directors in Public held on 25th January 2017, the Board of Directors APPROVED the minutes as a true and accurate record.		
16/369	**MATTERS ARISING/ACTION LOG**		
	The Board of Directors AGREED that action 16/308 was complete and could be removed from the action tracker.		
16/370	**CHAIR'S REPORT**		
	RD presented the report and advised that the new Community Hub was officially opened on 14 February 2017. The Hub is based in the main entrance of King's Mill and will be staffed by hospital volunteers from 9am to 4pm, Monday to Friday. The Board of Directors NOTED the report.		
16/371	**CHIEF EXECUTIVES REPORT**		
	PH presented the report and advised that Paul Moore will be returning to SFHFT as Director of Governance on 1 March 2017. Other than the appointment of the CEO which is underway, SFHFT now have a substantive Executive Team. PH advised that SFHFT's Trainee Nursing Associates (TNA's) are part of the first 1000 people throughout the country who have been selected to begin training in this new role. Official training commenced at Derby University on Monday 30 January 2017. PH advised that SFHFT have been shortlisted for three Health Service Journal 'Value in Healthcare' Awards, which recognise and reward outstanding efficiency and improvement by the NHS whilst also recognising the excellent use of resources. Judging will be conducted in May 2017.		

	PH felt that the TNA's and the award nominations were successes that should be celebrated. The Board of Directors NOTED the report.		
16/372	**SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT**		
	QUALITY, SAFETY AND PATIENT EXPERIENCE SB advised that the Trust continues to demonstrate fall's rates which are lower than the national level, however a slight increase has been identified during November and December. Comparison of all falls with harm shows a decrease in December from November with a reducing percentage of falls per 1000 bed days compared to the equivalent point 13 months previously. The Trust's figure for all falls in December 2016 is 6.00, the National average is currently 6.63. In January 2016 SFHFT achieved 7.76 which is a reduction but SFHFT's lowest position was 5.00 which was achieved in the summer. SB advised that for HSMR, SFHFT continue to maintain a good position. For the deteriorating patient, SB advised that monthly sepsis audits are conducted and action plans are implemented in any areas showing a decline. SB advised that for harm free care, the monthly point prevalence audit fell slightly in December which correlates to the Trust's position in falls. SB advised that NHSI have indicated a big focus on pressure ulcer prevention and is therefore anticipating a lot of interest with regards to performance in this area. SFHFT's performance with pressure ulcers is very good. The Trust's C-Diff performance is still well below the threshold. Infection control audits across all areas continue. SB advised that for safer staffing, there is still additional bed capacity open and this did have an effect on SFHFT's staffing position and requests for additional Registered Nurses. Beds are now being closed as they become available. The increase in high patient acuity is also reducing. The overall fill rates are very positive despite the high vacancy rate. The work that has been done with the agencies has been beneficial. In addition, five agency nurses have been converted into substantive positions within the Trust in the last few weeks. SB advised that the overall response rates for the Friends and Family Test is good but numbers of responses are low in a number of areas. Divisions, via their performance review, have identified that this is an area that they need to focus on over the next few months.		

	SB, on behalf of SFHFT, has signed the Dying to Work Charter which has been facilitated by the trade unions. SFHFT are one of the few Trust's who have signed this charter. PH enquired if there was a theme with the increase in falls. SB advised that a number of falls were repeat falls but there was no direct correlation with the increase in beds or with the staffing of those beds. TR advised that falls had been the attention of both the PSQB and the Quality Committee and their focus has been to explore that no correlations have been missed. **OPERATIONAL STANDARDS** RH advised that the Emergency Access standard was achieved both in October and November. The Trust also achieved the standard in Q3 overall at 95.1% and although the standard wasn't achieved in December, the achievement of 94.05% resulted in the Trust being ranked 8th in the country for its performance. SFHFT achieved 92.32% in January. The increased level of demand was 5.6% higher than the first 10 days of 2016. The increase levels of acuity was also higher than the expected levels as were ambulance attendances, high levels of delays out of the hospital all contributed to not achieving the target in January. At one point during this period, 59 patients were on delay out of the hospital, this is equivalent to two and a half wards. A number of actions have been taken including opening circa 50 additional beds across the organisation and outlying medical patients into surgery. Elective orthopaedic operating was decreased in the first two weeks of January, SFHFT's cancellation of operations is 0.7% which is still below the 0.8% target. February is a very challenging month for all organisations but to date SFHFT is attaining 93.67% with 10 days out of the past 12 achieving target. Some of the extra capacity that was opened to relieve the winter pressures has so far been reduced by 8 beds. These reductions will continue to be undertaken as and when practicable. RH advised that extra capacity is still open at Newark and as there are still lists of patients who can be repatriated to Newark from KMH, the intention is not to reduce the capacity at Newark because it is appropriate to care for those patients closer to their homes. For specialties exceeding 18 weeks referral to treatment time (incomplete pathways), SFHFT are consistently achieving the incomplete standard of 92%. The number of specialties failing has reduced from 9 in December to 4 in January and considering that January is a particularly challenging month in terms of non-elective demand and given significant levels of medical outliers in surgery, RH considered this to be a very good result. RH advised that for DNA rates and new to follow ups for outpatients are at the lowest ever within the organisation and this is helping to achieve the RTT standard.		

	RH advised that two patients breached the 52 weeks referral to treatment standard one was a very complex general surgery patient who breached due to the lack of HDU capacity. This patient was cancelled twice therefore appears in both January and February's reports. This patient has now been treated. The second breach was a vascular patient and the root cause has been identified as "human error", this patient has also now been treated. A number of actions have been taken over the past year to improve booking processes. The DMO1 standard wasn't achieved in January but the trajectory achieved was higher than expected. The key issues that impacted on this were the clearing of the backlog from December in Endoscopy, technician shortages and equipment failure which led to a number of echocardiograph breaches. RH advised that 8 of the 9 cancer standards were achieved in December but the 62 day referral to treatment from screening was not achieved, both were patient choice to delay their pathways. PH stated that with regards to the 52 week breach, the fact that breaches are still being identified is a concern. The breaches relate to historical data quality issues that arose two years ago and although a lot of work has been done and improved processes implemented to validate data and mitigate issues, there is still the legacy of them arising. In all cases, the issues were a result of human error where staff incorrectly recorded in terms of a clock stop. TR enquired as to the Trust's theatre utilisation. RH advised that SFHFT's theatre utilisation still remains high but dropped during January which was expected because elective operations were decreased and operating for surgery and elective orthopaedics had already been abridged, this inevitably resulted in a dip in January. RH anticipates that 80% theatre utilisation will be achieved in February. GW enquired if there had been additional activity in the Urgent & Emergency care centre at Newark over the winter period. RH advised that four ambulatory care pathways were introduced in December and considered this to be very positive. **ORGANISATIONAL HEALTH** JB advised that the Trust has made positive progress over the last 12 months in relation to managing sickness absence effectively. More recently sickness absence figures increased marginally in November and December, but following targeted intervention it dropped slightly to 4.4% in January. There were 35.60 FTE leavers compared to 72.08 FTE starters. JB advised that the overarching turnover figures that have been quoted previously have included the rotating junior doctors whereas most other Trust's do not include them because it is expected that junior doctors are going to leave because they are on rotation from the Deanery and including them distorts the medical turnover and overall figures.		

	The rotating doctors will be removed from future turnover figures to enable SFHFT to be comparable with other Trust's. This will take the overall turnover figures to below the 1% threshold. Trust wide appraisal compliance was 93% which is a decrease of 1% from December 2016, the Trust appraisal compliance target is currently 98% but will be 95% from April 2017. Mandatory training remained static at 92% in January, this is the third consecutive month that this rate has been achieved and the 90% target exceeded. TR enquired how SFHFT benchmarked against other organisations of a similar sized workforce. JB advised that SFHFT benchmark reasonably well with sickness. A deep dive is being conducted by the OD & Workforce Committee in March 2017 to which JB will add some comparators. ***Action: JB to include sickness absence comparators when the OD & Workforce conduct their deep dive.***	JB	TBC
	PH enquired as to the current status of the nursing workforce. SB advised that it was difficult at present because substantive staff were moved to the additional ward for safety reasons and additional capacity is still open. However, Sisters feel that the quality of agency staff has improved and are proud that five nurses have been converted from agency onto SFHFT's substantive workforce. The work that procurement have done in relation to holding agencies to account with the rates they are charging, has been excellent. There is also a recruitment drive and recruitment workstreams and the Nursing Taskforce Group continue to meet fortnightly. SB explained that it had recently been identified that SFHFT have been failing to target student nurses from Lincoln University. SB will be contacting Lincoln University in advance of their next cohort of nurses in July 2017. SB has also re-introduced her previous process, that when a registered nurse terminates their employment, SB personally conducts the exit interview. ***Action: A comprehensive report into the nursing workforce is to be presented to the Board of Directors.***	SB	TBC
	FINANCE REPORT PR advised that NHSI's Quarter 3 Report was published earlier this week and SFHFT's performance against plan at month 9 ranked the Trust as the 3rd best in the Country in terms of variance plan, that is inclusive of the LTP control total. At the end of M10, excluding the LTP part of the control total, the deficit is £35.75m which is £0.81m ahead of plan. During M10 a slight surplus of £32k was posted and considering the increased capacity and associated reliance upon agency staffing to accommodate this and considering that non-elective income is greater because of the demands that the hospital has experienced, this is a good achievement.		

	PR advised that when the non-recurrent and elements other that those specific to M10 were stripped out of the data, the activity shows that £1.0m of extra income was achieved but £1.2m of extra cost was incurred. The opening of the additional capacity over the winter period created a marginal loss of 20%. If the LTP part of the control total is included, SFHFT's deficit rises to £45.1m which is £7.02m ahead of plan and similarly £33k better than plan in the month of January. The forecast at M10 remains £0.80m ahead of the control total (excluding LTP), and is inclusive of £0.50m of STF incentive monies. The total costs for the LTP is forecast to be £6.13m better than the £15.88m control total. PR advised that the Finance Committee receive a risk range around the forecast which has seen a large reduction to the best and worst case ranges. This is due to an agreement that has been made with the CCG regarding challenges and the removal of £3.6m of risk. At M10 the CIP achieved £11.1m against the plan of £9.94m. Forecast is to overachieve with £12.98m against the full year plan of £12.6m. All schemes are recurrent so they will not impact 2017/18 and 2018/19 CIP's. PR expects the capital to be on plan but this is dependent on the availability of cash resource. Notification has not yet been received from NHSI or the Treasury with regards to the availability of funds who are being contacted daily in an attempt to secure those funds. PR advised that at M10 SFHFT incurred £1.0m more than the agency cap but this was expected due to the extra capacity that was opened over the winter period. By the end of the year PR expects that SFHFT will have breached the cap by £10.4m. NHSI rank SFHFT's agency spend (per percentage of total pay bill) as 235 of 237 Trust's. SFHFT have a cap that has been set which is deemed to be appropriate to the Trust and SFHFT are not one of the worst offenders for breaching the cap, but are in terms of temporary pay bill v total pay bill. PH advised that this is cumulative to M9 and earlier in the year the Trust's position was worsened due to the potential merger which dictated the significant reliance on interim staff. PR advised that the Trust still has a significant problem in terms of medical and nursing staff compared to the rest of the country. NG stated that SFHFT had extra activity over the winter period and that had resulted in additional cost. NG enquired what actions could be implemented to prevent a financial loss in the future if this happened again. PR advised that cost comes with the necessity to use agency staff, the controls for which are included within the temporary pay report. It is important that Divisions clearly articulate with transparency the staffing levels required within their escalation plans for opening extra capacity.		

	GW felt that the CIP performance for 2016/17 was excellent. GW was confident of next year's plan because the programme is already being developed. TR felt assured and confident going forward into the new financial year because it was apparent that all the work that Finance conducted to ensure the modelling was correct, based on the results so far, were very accurate. PR advised that because the Trust performed better with regards to the control total achieving £800k better than forecast, SFHFT are entitled to £500k of STF incentives. PR advised that the forecast also assumes that SFHFT have a successful appeal against the non-achievement of the 95% ED performance in January. PR felt that an excellent case could be built around the 5.6% increase of additional attendances year on year. PH advised that the problem with NHSI failing to release capital is a national problem that is causing concern. RH announced that SFHFT are currently ranked first in the Country for the 4 hour target.		
16/373	**ASSURANCE FROM SUB COMMITTEES**		
	Board Risk Committee PH presented the report and explained that with regards to the risk profile, changes have been monitored over the past twelve months and have shown little percentage movement, around 1 – 2% variation so the Committee consider that they are now reflective of the risks. Whilst this indicates that there is a robust process in place, equally the intention is to shift the nature of the risk. PH advised that an emerging risk has been identified in relation to the required migration by the Trust to NHS Mail 2. The Resilience Assurance Committee (RAC) are sighted on this risk and an update from NHIS has been requested which will be presented to the next meeting of the Board Risk Committee. **Charitable Funds Committee** TR presented the report and advised that the Committee have improved how they work together on projects with more robust processes to identify funds for projects that link to the Trust's strategic plan and strategic priorities. **Finance Committee** NG felt assured that SFHFT will deliver the control total this year which is a great result. NG congratulated PR and the Finance Team for achieving this. NG advised that the counting and coding challenge from Commissioners has been negotiated down from £6.3m to £2.9m. There will be no effect on this year's account as it had already been included.		

	NG advised that the CIP was on target to achieve the £12.0m plan and thanked the PMO team for the work that has gone into achieving this. NG advised that next years control total has been accepted and allocations to Divisions will commence at the end of February 2017. Next year's CIP target is £16.0m, £10.0m relates to SFHFT and £6.0m relates to the STP. NG has reasonable assurance that SFHFT will achieve the £10.0m, £8.0m of which has already been identified and by the end of March 2017 NG expects that the entire £10.0m will have been identified. However, NG has received very little assurance that the STP would achieve its CIP target of £6.0m. NG was assured yesterday that a PMO lead is about to be appointed by the STP and hopefully progress will start to be made as they are already behind. NG advised that there is little confidence that the QIPP will be delivered next year but advised that SFHFT will get paid for the activity that is delivered so there is no direct risk to the Trust, but there is concern across the STP. NG advised that capital funding has still not been confirmed for this year or for next year and therefore all capital projects within the Trust have been placed on hold. RD stated that it was considered by the Board of Directors previously that the achievement of next year's CIP would be challenging but it now appears achievable. GW advised that the Trust has worked hard and a good programme has been developed for the £10.0m that SFHFT are responsible for, the difficult part is the £6.0m that SFHFT are not responsible for. NG advised that the PMO began planning next year's schemes over two months ago which they were able to do because this year's plan has almost been achieved. This gave them valuable time to begin focussing on next year's plan in advance. TR enquired if SFHFT will be penalised if STP fail to achieve their control total. PR advised that SFHFT would have to find the additional savings and as such are planning more than £10.0m worth of projects. PH stated that clearly the conversations that are being held with the CCG's through Better Together need to firm up the confidence levels and high impact changes that are being planned. Hopefully by the end of March 2017, we will be in a better position to make some judgement of the new QIPP schemes in relation to the high impact changes. PR and PW met with Amanda Sullivan of the CCG and discussions have been held with a view to implementing a joint PMO arrangement across the whole Alliance. **Quality Committee** TR presented the report and advised that the February 2017 meeting was not quorate and as such the January 2017 meeting minutes will be carried forward for ratification at the March 2017 meeting.		

	TR advised that the Quality Account process is on track and an update will be presented to the Council of Governors at their full Committee meeting on 23rd February 2017. TR also advised that a Women and Children's Risk Summit will be taking place on 2nd March 2017. Feedback will be provided via the Quality Committee's report to the Board of Directors on 30th March 2017. SB advised that NHS England - North Midlands, Clinical Quality Surveillance Group hold monthly meetings and discuss all providers. Previously SFHFT were on 'enhanced' surveillance, this was deescalated in January to 'routine' surveillance. The comments from the Clinical Quality Surveillance Group in their subsequent letter recognised the work of the system (both the CCG's and the organisation). The Board of Directors NOTED the update and reports.		
16/374	**COMMUNICATIONS TO WIDER ORGANISATION**		
	No requests were made.		
16/375	**ANY OTHER BUSINESS**		
	No other business was raised.		
16/376	**DATE AND TIME OF NEXT MEETING**		
	It was CONFIRMED that the next Board of Directors meeting in Public would be held on 30th March 2017. There being no further business the Chair declared the meeting closed at 14:45.		
16/377	**CHAIR DECLARED THE MEETING CLOSED**		
16/378	**QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT**		
	Karen Dunsdale felt that the discussion regarding the extra bed capacity, the timescales within which it was mobilised and the resulting positive impacts, were impressive and enquired, in terms of workforce how the risk of skill mix and competencies across the entire workforce were managed considering the risks that this could have posed to the organisation. SB advised that there was an agreement in advance as to which workforce would be mobilised. Staff were spread equally from across the organisation onto the new ward that was opened to minimise risk and one of the Trust's most experienced Sisters was moved to manage this ward. A programme was run last year for all Clinical Nurse Specialists to conduct a training session to bring them back up to a position where they would feel comfortable working back on the wards, this also helped as some of them were used in relation to the bank.		

	RH advised that where possible, patients were cohorted onto the winter ward that were medically fit but were in some type of delay, these patients may have had health needs or social needs but were medically fit and this enabled them to be managed in an appropriate way. Keith Wallace visited Newark Hospital a month ago and was advised that six additional beds had been opened but to get those six beds upstairs, beds had been taken out of a side ward because all the beds were at KMH. When staff arrived on the Monday morning in day case at Newark Hospital, all the beds had gone from the side ward. RH advised that Newark had not been considered in this winters plan and on reflection and learning, the mobilisation of Castle ward would be considered in future plans to ensure that our patients are returned in a more planned manner than we were able to do this year. PH enquired if this had affected day case activity. RH advised that this did not reduce day case activity at Newark because the number of medical day cases being conducted at Newark has been increased. In addition a lot of patients in day case are in chairs and do not require a bed.		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. **Ray Dawson** **Acting Chair** **Date**		