

UN-CONFIRMED MINUTES of a Public meeting of the Board of Directors held at 13:00 on Thursday
 29th June 2017 Holy Trinity Community & Partnership Centre, Newark

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
	Peter Herring	Chief Executive	PH
	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
	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
In Attendance:	Yvonne Simpson	Senior Corporate Nurse	YS
	Dale Travis	Divisional General Manager - Medicine	DT
	Anne-Louise Schokker	Clinical Director – Division of Medicine	AS
	Laura Webster	Minutes	
Observers:	Jim Barrie	Public Governor	JB
	David Parker	Newark Advertiser	DP
	Trevor Illsley	Member of the public	TI
	Doreen Langford	Member of the public	DL
	Rye Langford	Member of the public	RL
	John Kerry	Member of the public	JK
Apologies:	None		

Item No.	Item	Action	Date
16/489	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.		
16/490	APOLOGIES FOR ABSENCE		
	All members present.		
16/491	DECLARATIONS OF INTEREST		
	JM declared his position as Chairman of the University Hospitals of North Midlands.		
16/492	PATIENT STORY		
	<p>SB advised that this month's patient story underlines the principle of supporting patients to move to their usual place of residency as swiftly and smoothly as possible and to prevent any delays.</p> <p>YS presented the story.</p> <p>TR enquired if patients are given a choice of remaining in their hospital bed or of getting out of bed when they want to. YS advised that patients are, where appropriate and safe to do so, allowed a choice. YS explained the importance of minimising deconditioning, particularly in the elderly.</p> <p>GW felt that the message "10 days in hospital (acute or rehab) leads to the equivalent of 10 years ageing in the muscles of people over 80 years", is quite powerful. GW felt that the more the message can be spread to raise awareness the better.</p> <p>RD stated that hospitals are considered to be a place of safety but this message says that home is far safer. RD enquired what the main message to the general public was from this story. PH advised that individuals come into hospital for valid medical reasons and to receive treatment and care, however this message demonstrates the effects of deconditioning and how to ensure patients are getting home in a timely manner to avoid this. SB stated that the key message is to educate staff of the importance of mobilising patients and getting them home. When a patient is in an acute episode and they need care then hospital is the safest place for them but we do know that there are delays in the system and this is about us reducing those delays. That's what this principle is about. Independence and mobility is a duty of care that is encouraged to patients by all staff. YS has been challenged to train 1000 members of staff in 100 days the programme for which launches today.</p> <p>RB enquired what range of staff will receive training on Red2Green. YS advised that all staff will be receiving the training which will also form part of future induction days to capture all new staff coming into the Trust. It will be embedded to become daily practice.</p>		

16/493	MINUTES OF THE PREVIOUS MEETING		
1 Min	Following a review of the minutes of the Board of Directors in Public held on 25 th May 2017, the Board of Directors APPROVED the minutes as a true and accurate record.		
16/494	MATTERS ARISING/ACTION LOG		
1 Min	<p>The Board of Directors AGREED that actions 16/403, 16/435, 16/438.1, 16/463 and 16/477 were complete and could be removed from the action tracker.</p> <p>Action 16/347 was agreed to be removed from the action tracker until a clinical strategy has been approved.</p>		
16/495	CHAIR'S REPORT		
3 Min	<p>JM presented the report and announced the appointment of the new Non-Executive Director - Dr Sean King, who joins the Trust in July.</p> <p>JM advised of his decision to step down from his role as Chair at the University Hospital of North Midlands in order to focus solely on SFHFT.</p> <p>On behalf of the Board of Directors, JM thanked PH who will be departing the Trust on Friday 30th June. The Trust has made remarkable improvements within the 20 months that PH has stood as Chief Executive.</p> <p>The Board of Directors were ASSURED by the report.</p>		
16/496	CHIEF EXECUTIVES REPORT		
4 Min	<p>PH presented the report advising that the roll-out of the Trust's new vision and strategic priorities continues following the launch event held as part of the Trust's Board of Directors meeting in May. PH stated that he had recently presented the new vision and priorities at Newark Hospital and that a similar event has been planned for Mansfield Community Hospital.</p> <p>PH announced that SFHFT were finalists in the Healthcare People Management Excellence Awards. This award is one of a number that the Trust has been shortlisted for.</p> <p>The Trust's recruitment campaign continues to see positive results. 18 Nurses have been recruited after the second assessment date which was held on 8th June. PH advised that the reliance on agency nurses has declined due to more than 200 employees joining the Trust's bank staff rota.</p> <p>PH stated that there have been additional precautionary matters in regards to the Trust's fire safety issues since the Grenfell Tower incident. PW advised that further investigation had been requested by NHSI from a number of organisations including SFHT to ensure that our buildings are safe and that fire wont spread. The tests are expected to take place imminently, the results of which will be circulated to members.</p>		

	<p>SFHFT continue to work very closely with the Fire & Rescue Service who have inspected a number of inpatient areas. A review of the Trust's fire safety procedures has also been conducted of which the Fire & Rescue Service have been very complimentary.</p> <p>JM advised that SFHFT do have a regular programme of inspections and have been investing to make improvements within the Estate.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>16/497</p>	<p>Our Improvement Journey</p>		
	<p>PH conducted the presentation and outlined the headlines given by the media in 2015 including a report from the CQC stating SFHFT has been put into special measures.</p> <p>PH explained how throughout 2016, SFHFT implemented a major Quality Improvement Programme (QIP) to turn performance around. The programme included 287 actions across ten workstreams with a particular focus on reducing the potential for avoidable patient harm. The improvement programme looked at the following areas:-</p> <ul style="list-style-type: none"> - Ensuring financial grip & cost efficiency - Developing people & staff engagement - Improving safety & quality of patient services - Establishing strong leadership & governance <p>The Trust moved out of special measures in 2016 and went on to become an award winning Trust and one of the top A&E performers in England. SFHFT is also among the top 30 best-performing Trusts for the management and screening of the potentially fatal condition sepsis.</p> <p>PH advised that patient safety culture has been introduced to empower every member of ward staff to celebrate and recognise good practices and share with other areas. There are 65 improvement projects provided by staff, two of which have won national prizes.</p> <p>PH advised that SFHFT had previously suffered from an unstable leadership team but was confident that the Trust now has a very stable, experienced and very strong leadership team. PH stressed the importance of good leadership at all levels.</p> <p>The successes of the past 20 months has been celebrated but PH stressed the importance of not becoming complacent and of building on that success, therefore a new vision and an ambitious strategy to strive to be outstanding in everything, has been implemented.</p> <p>PH thanked executive colleagues and on behalf of the Board of Directors extended their gratitude to all staff for the successes and improvements achieved thus far.</p>		

16/498	HSJ 'Value & Healthcare' Award Winners - Urgent & Emergency Care Team		
	<p>DT conducted the presentation advising that the average length of stay (LOS) within SFHFT was 8.3 days per week in 2015. A number of actions were implemented including KPI's and fortnightly focus groups which improved this to 6.2 days for May 2017. LOS over 10 days has also reduced from 30.26 to 26.71 days.</p> <p>In 2015 only 51 patients went through the discharge lounge each week, this has been increased to 74 patients. A review of the overall day case pathway ensured more patients were put through that route in order to be discharged the same day. This enabled the closure of a 24 bedded ward.</p> <p>TR enquired as to the weekly capacity of the discharge lounge. DT stated that this is dependent on the individual patients but confirmed that the lounge can accommodate 13 patients in chairs and 4 patients on stretchers at any one time.</p> <p>AS advised that the next steps will be to focus on ensuring emergency readmissions do not increase and to continue to drive down LOS in specialities where it is in excess of the national average.</p> <p>CW suggested patients can be left waiting for many hours after being informed that they are going home and enquired if such patients were communicated with appropriately in order to manage their expectations. CW enquired how these delays could be resolved. DT advised that there are multiple reasons for delays in discharge. How the decision to discharge translates onto the ward can be a very complex process involving a number of clinical members of staff. Patients who are eligible for transport may have to wait until a slot is available which could be improved if patients arranged their own transport. Electronic prescribing would help juniors who have potentially 4 wards to manage.</p> <p>RD enquired what was a realistic target for LOS. DT felt that it may be possible to bring LOS down by one full day. Rehab is 6 days above the national beds and this is where focus will be directed next. AH advised that reducing LOS by one day would equate to one ward.</p> <p>TR enquired what the Board of Directors could do to support further improvements and aspirations. DT felt that having the right skills in the right place is imperative. There are a lot of other programmes of improvement that are underway, the results of which are not yet available. Electronic prescribing would also benefit the organisation.</p> <p>The Board of Directors congratulated the teams on their success and achievements.</p>		
16/499	SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT		
	<p>QUALITY, SAFETY AND PATIENT EXPERIENCE</p> <p>For mortality, AH advised that the Trust's performance was strong. There was an anticipated rise in crude mortality over the winter months which was expected nationally.</p>		

	<p>This has reduced back to well within the expected normal range and the Trust remains within the lowest 3 nationally with regards to HSMR.</p> <p>SB advised that NHSE had raised general concerns across all organisations in relation to same sex accommodation. The Trust's policy on single sex accommodation has been reviewed and updated to ensure transparency. Datix has been updated with a single sex accommodation breach sub category. The Trust remains compliant with no breaches.</p> <p>The Trust has had a positive performance in relation to falls per 1000 occupied bed days over the last 12 month period. The current Trust figure for May 2017 is 5.69 against the national average of 6.63. Two falls had resulted in moderate harm and significant work programmes in relation to the reduction of falls has been focused on patients who have had repeat falls.</p> <p>JM stated that there have been 5 moderate and 5 severe falls and enquired what steps are taken after such events. SB advised that an in-depth review of the fall is completed to establish the route cause. This information is then shared at ward sisters meetings and a falls nurse specialist visits the ward to ensure that all preventative measures are implemented.</p> <p>JM stated that the Trust is encouraging people to be mobile and enquired how this would be managed. SB stated that a number of patients have fallen due to incorrect footwear and hoped that by encouraging patients to get dressed, falls will be further minimised.</p> <p>JM stated that pressure sores are an important indicator of quality on wards but were not reported within the SOF.</p> <p>Action:</p> <ul style="list-style-type: none"> • <i>The Quality, Safety and Patient Experience dashboard of the SOF to include pressure ulcer updates.</i> <p>For VTE, SB advised that the Trust achieved 92.8 % in April against a target of 95%. These patients are being reviewed and a targeted piece of work is underway to provide further assurance.</p> <p>SB advised that Friends and Family Test (FFT) responses for inpatients and outpatients are improving, inpatient response rates were above the national average for May. ED are still failing to achieve the target which is predominantly due to administration issues including the incorrect mobile numbers for the SMS test messaging service. This has been raised with the Division to ensure that reception staff are checking that the details of every patient is correct. The Division have signed up to a trajectory and are now on target.</p> <p>SB advised that there were a total of 4 Clostridium Difficile infection cases in April and May. Year to date the Trust has had a total of 7 cases which has kept SFHFT below the threshold of 48.</p>	<p>SB</p>	<p>27/07/17</p>
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OPERATIONAL STANDARDS

RH was pleased to advise that the Trust has achieved the 4 hour target in May at 95.55%. SFHFT were 12th in the country for performance in April 2017. The position for Q4 is that SFHFT are 10th out of 137 acute providers. June's performance was 96.65% which followed a challenging weekend of high levels of activity.

RH advised that ED attendances at Newark Hospital increased by 11.8% in May compared to last year. The CCG's have been asked to conduct an analysis to establish if this was due to patients coming from outside boarders.

Achieving the ambulance handovers of 15 and 30 minutes continues to be a challenge for all organisations and although SFHFT are not achieving the targets, are performing below the national average for both targets. This is due to the Trusts excellent patient flow throughout the hospital. Workshops are being developed with both EMAS and the CCG to identify how further improvements can be made on handover times.

RH advised that the Trust had one 12 hour breach which was fundamentally due to a lack of available acute mental health beds. All appropriate internal and external escalation processes were followed to expedite this. A review was conducted but it was deemed unsuitable to move the individual into a ward based area and it was agreed that the patient remained within ED to receive safe care. A standard operating practice is being developed to ensure that escalations are made at the appropriate time and to the different layers within the mental health organisation. Colleagues within mental health are reviewing the availability of mental health capacity within the region.

The Trusts RTT (18 week target from GP referral to first treatment) consistently preforms above the standard of 92%. RH advised that SFHFT are currently failing in 5 specialities. Routine referrals have been closed for dermatology due to a lack of resources. It is anticipated improvements will allow routine referrals to run again by July 2017. ENT and Urology will be addressed by partnership working with NUH. The SLA way of working with NUH around vascular services will be reaffirmed. There has been an increase in demand in respiratory and a number of actions have been implemented to alleviate the issue.

There are a number of cases exceeding 52 weeks from GP referral to first treatment. RH advised that the validation issue will take time to clear but the cases will continue to be reported until the individuals are treated or discharged.

The diagnostic targets were achieved in May, despite a 20% increase in endoscopy referrals. RH advised that this was an excellent achievement.

The Trust achieved the 62 day cancer standard for the 6th consecutive month. The 2 week wait standard was not achieved in April due to IR35 staffing constraints and the inability to book clinics ahead. The Trust are forecasting to achieve in May.

	<p>Four patients breached the 14 day referral to assessment for breast symptoms which was as a result of patient choice to delay their pathway.</p> <p>RH advised that SFHFT had 25 4 hour target breaches and PC24 had 26 4 hour target breaches on 24th June. JM enquired what had impacted the Trust's performance during June. RH advised that this follows a similar pattern to last year and is a result of Ramadan. Proactive workforce planning will be made in future during periods of Ramadan.</p> <p>ORGANISATIONAL HEALTH</p> <p>JB advised that sickness absence figures decreased slightly in May 2017 by 0.01% to 3.70%. Even though the Trust is not achieving the 3.5% target, sickness absence was stable during March, April and May. The absence rate for May 2017 was 0.24% lower than May 2016. In comparison to other local Trusts, SFHFT was reported within the top half for sickness absence rates. However, benchmarking against other Trusts demonstrates that the 3.5% target is achievable and improvements can be made to achieve a lower percentage. A number of tools are used to help manage sickness, including occupational health. In a recent survey 100% of staff thought that the care they received from SFHFT occupational health was excellent, good or very good.</p> <p>For staffing JB advised that the trend for the Trust attracting more starters than leavers continues with a net gain of 19.63 FTE leavers to 43.72 FTE starters. Band 5 registered nurse vacancies have also reduced to 15.80%, this is the lowest recorded for over 12 months.</p> <p>JB advised that Trust wide appraisal compliance increased to 92% in May 2017, a 1% increase compared to April 2017. The new target from April 2017 is 95%.</p> <p>JB advised that mandatory training remains static in May at 91% and has been above the 90% target since July 2016.</p> <p>NG suggested that the sickness information would be more helpful if presented in an order audit trail basis.</p> <p>Action:</p> <ul style="list-style-type: none"> • <i>JB to amend sickness information within the SOF to an order audit trail basis.</i> <p>FINANCE REPORT</p> <p>PR advised that the Trust's financial position is a deficit of £3.3m for May which is £0.07m worse than plan, the YTD deficit is £0.15m worse than plan.</p> <p>Income, although improved and on a run rate basis remains below our planned income by £190k due to emergency activity being lower than anticipated in plan.</p>	<p>JB</p>	<p>27/07/17</p>
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	<p>Pay expenditure increased slightly in May but is in line with plan YTD. Within pay expenditure, performance on agency staff is currently £2.0m lower than for the same point last year and remains above the ceiling set by the regulator by £340k. Within that ceiling there is also a requirement to reduce medical pay and SFHFT are within the expenditure reductions required.</p> <p>CIP YTD is £100k better than plan, with internal mitigations offsetting the delivery of £6.0m worth of Nottinghamshire system wide generated cost reductions. This factor and the challenges received on an ongoing basis from our Commissioner, remain the main risks to achieving the control total. The Trust are forecasting to achieve the financial plan. A full forecast is underway which will be reported at the next meeting.</p> <p>NG enquired as to the S&T Funding parameter changes. PR advised that there is £8.8m of S&T Funding available to the Trust this year from central funds, dependant on achieving the financial target and the ED 4 hour wait target. 70% of funding is dependent on the financial plan and 30% is dependent on the ED 4 hour wait target. That 30% is split into two segments, one segment is achieving the 95% required rate and the other segment is dependant on the GP streaming that takes place within our ED front door. Those Trust's that already have GP streaming at their front door, as SFHFT do, have to demonstrate improvements via an action plan. SFHFT have a pilot in place with the CCG and have already submitted those improvements. PR was confident that at M2 and on an ongoing basis, SFHFT will be in full receipt of those S&T funds.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>16/500</p>	<p>NURSE STAFFING 6 MONTH REPORT</p>		
	<p>SB advised that UNIFY measures planned staffing cover in relation to actuals for registered nurses (RN's) and Health Care Assistant's (HCA).</p> <p>UNIFY highlighted two wards that did not achieve their planned staffing expectations due to agency and bank staff issues but no correlation of harm to any patient was identified as a result of this. Beds have been flexed to support the staffing position on this ward. Significant work has been done to visit Universities in the area and it is anticipated that this will result in greater recruitment levels. SB assured that this ward has one of the best quality metrix's in the Trust with a strong supporting leader. A bespoke recruitment campaign is underway.</p> <p>An establishment review of safe staffing across all ward areas was conducted last year. The review was led by ward sisters supported by heads of nursing and was overlaid by the acute independency studies. This establishment was signed off and input and is reviewed by e-rostering.</p> <p>SB advised that the virtual ward is fully established with 36.7 whole time equivalent HCA's. The virtual ward supports throughout the Trust on a flexible rota.</p>		

	<p>The Safe Care module is a measure of patient dependency and acuity that is conducted three times a day. This module had been implemented and links into e-rostering.</p> <p>SB advised that a safe staffing standard operating procedure has been developed and introduced and as a result, each ward is measured against 6 tipping points which form the basis for a trigger to determine whether the ward is deemed to be at risk of being safely staffed. If tipping points are breached there will be a mitigation put in place. Breaches do not mean that the ward is unsafe but triggers a matron visits to the ward. NHSI are keen to spread this strategy out to other Trusts.</p> <p>SB advised that for the 12 month period to May 2017, there has been a positive position of 18.90 WTE Band 5 RN's appointed. A refresh of nurse recruitment as part of the Trust's recruitment drive now includes regular assessment days. Significant work in relation to retention has been put into practice. Every registered nurse that submits their resignation will be offered a one to one exit interview with SB to identify any particular themes.</p> <p>SB advised that the Trust is looking into introducing a transfer process opportunity for RN's to transfer into other areas without having to go through the formal application process.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>16/501</p>	<p>NEWARK STRATEGY IMPLEMENTATION – PROGRESS REPORT</p>		
	<p>PW advised that the number of outpatients being seen at Newark Hospital has increased. The Urgent Care Centre (UCC) continues to support the Trusts achievement of the 4 hour standard.</p> <p>GW suggested that within the 'next steps' actions it would be helpful to see timescales and to establish targets.</p> <p>Action: Timescales and targets to be added to future Newark Strategy Progress Reports.</p> <p>PH was very encouraged to see a 60% growth in outpatient attendances at Newark Hospital for patients with a Newark postcode as it gives far greater accessibility to Newark residents. The total number of medical day case increase of 6% was also encouraging.</p> <p>TR enquired what the Trust's strategy is in relation to the expansion of market share. JM advised that upon completion of the analysis, other services can be considered. Some specialist services could be considered via the NUH partnership as there may be an opportunity for NUH to provide outpatient services.</p> <p>NG enquired how risks could be mitigated in order to deliver the CCG QIPP. PW stated that the original ambition of the strategy for Newark was to move towards a more integrated primary care and advance nurse practitioner (ANP) led workforce model.</p>	<p>PW</p>	<p>TBC</p>

	<p>A discussion has been held within the urgent care division's team with a view to training a sufficient number of ANP's to staff this unit fully, although this will be a long term endeavour.</p> <p>Staff rotations will help to mitigate and reduce locum costs, which all form part of the Trust's strategy to move towards a more substantive workforce.</p> <p>RH advised that work with the Trust's Alliance partners has allowed a focus on how Newark Hospital could operate similar to KMH's PC24. This will allow SFHFT to adopt a primary care lead model until ANP's can be trained.</p> <p>RH advised that four ambulatory care pathways have been embedded, significantly reducing the number of patients requiring transfer to King's Mill Hospital.</p> <p>RB enquired if local GP's are updated of changes at Newark Hospital. RH advised that a communications strategy was rolled out initially and the Trust continues to work very closely with David Ainsworth who is the Director of Primary Care.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>16/502</p>	<p>ALLIANCE UPDATE</p>		
	<p>PW advised that the report provides updates on the progress against the 2017/18 objectives of the Better Together Transformation Programme across its four key delivery programmes.</p> <p>The four main programmes within the Alliance Work Plan are:-</p> <ul style="list-style-type: none"> - Urgent and Proactive - Elective Care - Women's and Children's - Mental Health and Community <p>The key messages from the Alliance Leadership Board (ALB) meetings are that at the end of month two, the Alliance workplan has delivered £1.3m against a target of £1.5m.</p> <p>PW advised that to mitigate the risk of under delivery, the four programme delivery boards have been allocated a 25% stretch target.</p> <p>PW advised that conclusions made at the ALB meeting yesterday were that activities taking place are not having the desired impact due to challenges during the year.</p> <p>PH requested clarification that the figures within the report for April and May were forecasts. PW advised that April's figures are actuals and May's figures are forecasts based on verified April activity.</p> <p>The Board of Directors were ASSURED by the report.</p>		

16/503	ASSURANCE FROM SUB COMMITTEES		
	<p>Board Risk Committee PH stated that a recommendation has been made for the OD & Workforce Committee to review staff engagement and moral (AF6) which currently sits on the Trusts BAF. It has been considered by the Board Risk Committee that this risk is now managed to the extent that it can be removed from the BAF.</p> <p>Finance Committee NG stated that the Trust reported a deficit of £3.33m for month 2 which was £0.07m worse than plan.</p> <p>It has been reported that NHSI now requires the Trust to self-certify that the financial information submitted to the Board each month is consistent with that submitted to NHSI.</p> <p>The Board of Directors AGREED to delegate confirmation of the certificate to the Finance Committee from July 2017 onwards.</p> <p>NG advised that Commissioners have issued a six month formal notice on QIPP schemes that were excluded from contract discussions last March. This could potentially result in £5.6m of income being removed from the Trust from 1st October 2017. The CCG have not made any formal decisions about decommissioning services as of yet.</p> <p>NG advised that the overall CIP target remains a risk for the Trust, particularly the STP element for 2017/18 which is £6.2m of the £16.3m total.</p> <p>NG advised that work is ongoing to submit the reference costs in early August.</p> <p>The Board of Directors APPROVED the request to delegate signoff of the reference costs submission to the Finance Committee.</p> <p>NG stated that the Finance Committee reviewed principle risk AF4 of the BAF – Financial Sustainability and concluded not to change the residual risk rating. Further consideration will be made at the next Committee meeting after reviewing the new forecast ratings and the progress of the QIPP.</p> <p>Quality Committee TR advised that the Quality Committee received and reviewed the report of the Patient Safety & Quality Board meetings that were held on 3rd May and 7th June.</p> <p>The Committee also reviewed the BAF at the request of the Board Risk Committee and agreed to amend risk AF1.0 - Safe & Effective Patient Care to a target risk rating of 8.</p> <p>TR advised that the Committee have reviewed a report setting out the experience of care for service users in 2016/17. The report covered complaints, concerns and compliments received.</p> <p>The Board of Directors were ASSURED by the reports.</p>		

16/504	COMMUNICATIONS TO WIDER ORGANISATION		
	<p>The Board of Directors agreed that the following items would be distributed to the wider organisation:-</p> <ul style="list-style-type: none"> - Reflection the Trusts performance - Better Together Alliance Programme updates - Newark Strategy updates - Fire Safety Statement - Patient Safety Culture 		
16/505	ANY OTHER BUSINESS		
	No other business was raised.		
16/506	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 27th July 2017, Classroom 1, Level 1, Trust Headquarters.</p> <p>There being no further business the Chair declared the meeting closed at 16:50.</p>		
16/507	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>		

16/508	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	<p>JK enquired why the action relating to minute 16/477, regarding timescales for delivery of TTO's was not included in the minutes. RH advised that TTO compliance and time frames are being reviewed by the QIPP as well as the two workstreams presented by DT and AS on item 10. This action is contained within the Action Tracker - enclosure 06.</p> <p>JK stated that some departments do not work weekends and enquired what was being done to address this. JK was pleased to see the Red2Green programme being put forward and enquired how the Trust will acknowledge when performance starts to decline at weekends. AH advised that one of the components of safety within the Advancing Quality Programme for 2017/2018 are 7 day and 24/7 day working. Two key components are taking Red2Green, which is a visualisation of ward rounds, and ensuring patients are happy 7 days a week. The second key component is to understand what needs to be done at weekends to ensure crucial services are provided because a 7 day services is not the reproduction of weekday services.</p> <p>JM advised that a Board Development Session had been held prior to the Board of Directors meeting and received a presentation from the Patient Safety Culture Team. JM suggested that a shorter version of this be presented at the next public meeting.</p> <p>Action: Patient Safety Culture presentation to be conducted at the Board of Directors meeting in Public on 27th July 2017.</p> <p>DL enquired when a chemotherapy service could be brought to Newark Hospital as it had been previously suggested. RH advised that conversations with NUH identified technical difficulties and it didn't seem possible at that time to introduce this service to Newark Hospital. NUH had conversed that it did not seem possible to extend their chemotherapy service to Newark primarily due to skilled and medical staffing difficulties.</p> <p>DL enquired if there was a date when Sconce ward could be opened for patients with dementia. RH advised that Sconce ward already cares for a significant number of patients with dementia and work is underway with the League of Friends to make the ward more dementia friendly. In strategy conversations the possibility of conducting end of life care on Castle ward was considered but Commissioning groups did not want to provide a hospice in a hospital and were looking at developing their strategy for end of life care.</p> <p>RL advised of his attendance at the annual Bedrep Clinic at KMH and enquired if there was a possibility of a cardiology clinic at Newark Hospital. PH advised that this was not part of the current strategy for Newark. RH suggested that this could be part of the outpatient provision for our Newark population.</p> <p>Action: RH to confirm if a cardiology clinic at Newark Hospital forms part of the outpatient provision.</p>	27/07/17	TBC
		RH	27/07/17