

**Un-Confirmed MINUTES** of a Public meeting of the Board of Directors held at 10:00am on Wednesday 3<sup>rd</sup> August 2016 in Classroom 1, Level 1, King’s Mill Hospital

<b>Present:</b>	Louise Scull	Chair	LS
	Dr Peter Marks	Non – Executive Director	PM
	Tim Reddish	Non – Executive Director	TR
	Ruby Beech	Non – Executive Director	RB
	Neal Gossage	Non – Executive Director	NG
	Peter Homa	Chief Executive	PHm
	Peter Herring	Managing Director	PHr
	Dr Andrew Haynes	Executive Medical Director	AH
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW
	Shirley Clarke	Head of Corporate Affairs & Company Secretary	SC
	Paul Robinson	Chief Financial Officer	PR
	Jon Scott	Interim Chief Operating Officer	JS
	Julie Bacon	Interim Director of HR & OD	JB
	Suzanne Banks	Chief Nurse	SB
	Elaine Jeffers	Medical Directors Support	EJ
	<b>In Attendance:</b>	Jo Yeaman	Strategic Communications Lead
Marcus Duffield		Interim Deputy Head of Communications	MD
Kim Harper		Service Improvement Facilitator	KH
Joanne Walker		Minute Secretary	JWa
Shannon Wilkie		Observer	SW
<b>Observers:</b>	Debra Barlow	Governor	DB
	John Wood	Governor	JW
	Ian Holden	Governor	IH
	Sue Holmes	Governor	SH
	Roz Norman	Governor	RN
	Martin Stott	Governor	MS
	Lorelei Jones	Observer	LJ
	Sreebala Srinivasan	Observer	SS
	Trevor Illsley	Bayer Pharmaceuticals	TI
	Sandeep Dhir	Consultant	SD
<b>Apologies:</b>	Claire Ward	Non – Executive Director	
	Ray Dawson	Non – Executive Director	
	Graham Ward	Non – Executive Director	

		Action	Date
	<b>CHAIRS WELCOME AND INTRODUCTION</b>		
16/156	The meeting being quorate, LS declared the meeting open at 10.00 am and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
	<b>DECLARATIONS OF INTEREST</b>		
16/157	It was CONFIRMED that there were no declarations of interest relating to items on agenda.		
	<b>APOLOGIES FOR ABSENCE</b>		
16/158	It was CONFIRMED that apologies for absence had been received from Claire Ward – Non Executive Director, Graham Ward – Non Executive Director and Ray Dawson – Non Executive Director.		
	<b>PATIENT STORY – ORGAN DONATION</b>		
16/159	<p>DB advised that she was 9 months post double lung transplant and had just returned from the British Transplant Games in Liverpool. DB conducted her presentation.</p> <p>DB suggested that if the members present hadn't signed the Organ Donation Register, they take a moment to ask themselves if they would accept a transplant if needed. Would they want their child or grandchild to accept a transplant if needed. DB suggested that if the answer was yes and members had not already signed up, they consider it but more importantly they have the conversation with loved ones because it isn't enough to sign the register, the next of kin has to give consent and it is easier for them to do so if they are aware of these wishes.</p> <p>PM enquired if DB had received the appropriate level of emotional support. DB advised that no emotional support had been provided to her but felt that it would have benefited her pre-transplant as there were times when DB was feeling extremely low and frequently asked herself what would happen to her son.</p> <p>During these times DB turned to her consultant for emotional support with whom she had formed a good close relationship.</p> <p>TR enquired how the support with regards to exercise could be improved. DB suggested that exercise classes or specific walks for people with chronic illnesses would benefit them greatly. AH advised that NUH have exercise classes as part of their therapy and the ability to join from home via a link is available to patients. There are also planned walks and treasure hunts for patients to participate in. DB felt that this would be perfect for patients with chronic illnesses.</p> <p>PM advised that one of SFHFT's Governors leads walks in the local area and could be approached to participate. DB felt that it would be fantastic if local walks around the reservoir opposite KMH could be mapped out for distance. PM suggested that there was a lot more that could be done with local and public health authorities.</p>		

	<p><b>Action: PM to liaise with DB and SFHFT Governor's with a view to mapping out local walks.</b></p> <p>TR stated that DB's story was passionate and inspiring and it was clear that DB wanted to make a difference to other peoples lives. TR enquired if DB would be willing to share her story in a 3 -5 minute video that could be included on the Trust' website to promote organ donation and also to participate in a joint feature with Notts Community TV. DB confirmed she would.</p> <p>SD advised that KMH would be hosting an organ donation campaign from 7<sup>th</sup> Sep – 9<sup>th</sup> September and that the Board of Directors have agreed to attend the opening. SFHFT communications team and the local press will be in attendance to support the campaign and a poster campaign has been rolled out whereby local schools are invited to submit posters. Gloria De Pierro, the Trust's local MP, will attend KMH on 9<sup>th</sup> September to close the campaign.</p> <p>SD advised that KMH had conducted a similar campaign last year and the Office for National Statistics have confirmed that for the postcodes NG15 – NG25, there was a distinct rise in people signing up to the Organ Donation Register last year compared to the same period the year before. SD felt that this rise was as a result of the national and KMH's campaigns.</p> <p>DB felt that leaflets should be around the hospital all the time, not just during campaigns and suggested that when patients are admitted to hospital they are asked if they are on the Organ Donation Register.</p> <p>The Board of Directors applauded DB and thanked her for an inspirational story.</p> <p><b>Action: JY to consider how we promote the story to support KMH's organ donation campaign that runs from 7th – 9th September 2016.</b></p>	PM	07/09/16
	<b>MINUTES OF THE MEETING HELD ON 6<sup>TH</sup> JULY 2016</b>		
16/160	<p>Following a review of the minutes of the public meeting held on 6<sup>th</sup> July 2016, LS requested that 'PH' be amended to 'PHr' on a number of items and that "Competitions and Marketing Association" on page 4 be amended to read "Competitions and Market Authority". Pending the above amendments the Board of Directors APPROVED the minutes as a true and accurate record.</p>		
	<b>MATTERS ARISING / ACTION LOG</b>		
16/161	<p>The Board of Directors AGREED the following: -</p> <p>Actions 16/138.1, 16/138.2, 16.139.2 were complete and could be removed from the action tracker.</p> <p>Action 16/144 - PHm advised that informal suppers and breakfasts had been arranged for Junior Doctors and Consultants. PHm very much hoped that colleagues could attend. This action is now complete and can be removed from the action tracker.</p>	JY	07/09/16

	<b>CHAIR'S REPORT</b>		
16/162	<p>LS advised that she had been delighted to join colleagues at the Nursing and Midwifery Awards yesterday and expressed her wonder when reading the nominations. The entire event was a great success.</p> <p>LS advised that NHSI's Board had met on 28<sup>th</sup> July 2016 to discuss and agree the legal form of the new organisation. LS confirmed that the combined organisation would be that of an NHS Trust and not an NHS Foundation Trust. The exact legal details and the process are being worked through. In summary this means that the staff, business, assets and liabilities of SFHFT will be transferred to NUH on the transaction date, after which the existing SFHFT will be dissolved. LS confirmed that this information had been communicated to SFHFT's Governors earlier this morning. LS advised that more detailed communications would be released to external stakeholders and to staff in both Trusts later this afternoons so that everyone is clear of the next steps. Further details around the TUPE arrangements and the support that will be available to staff throughout the process will be issued next week. LS considered that NHSI's Board reaching this decision was a major milestone. The other key milestones to facilitate the transaction date include the CMA approval, the approval of the funding by the Financial Oversight Board and completion of the NHSI assurance process. Both organisations remain focussed on a merger date of 1<sup>st</sup> October 2016 but LS confirmed that this would be challenging.</p>		
	<b>MANAGING DIRECTORS REPORT</b>		
16/163	<p>PHr advised that the informal feedback from the CQC inspectors had been very positive. The process post CQC inspection is for the report, upon completion, to go to the CQC's National Quality Assurance Panel and when satisfied, will be subject to release to the Trust for factual accuracy. It is understood that Sir Mike Richards has personally asked to Chair the Quality Assurance Panel. The process is fairly rigorous and may take some time as there are a number of other reports ahead of SFHFT's.</p> <p>PHr felt that individual ratings in the areas that were inspected will be adjusted where appropriate and consideration will be given for the removal of the section 29a warning notice. PHr also anticipated that the CQC will consider recommending to NHSI that SFHFT be removed from special measures.</p> <p>PHr advised that SFHFT were now officially registered for the regulated activity 'assessment or medical treatment for persons detained under the Mental Health Act 1983'.</p> <p>PHr advised that as one of the stronger performing Trusts in the Country in achieving the 4 hour target, SFHFT have been asked by NHSI to partner with other challenged Trusts in the region to help them to improve their A &amp; E performance. This will involve the identified Trusts shadowing SFHFT staff and processes over a number of days, nominating specific individuals within the Trust as advisory contacts for other Trusts and sharing best practice. PHr believes that this can be accommodated without damaging SFHFT's operational performance but has emphasised to NHSI that this would best be conducted over the next two months prior to the merger.</p>		

	<p>PHr advised that Dr Ben Owens, SFHFT’s Clinical Director for Urgent and Emergency Care, had been appointed as Urgent and Emergency Care Clinical lead for NHS England, Midlands and East. The Board of Directors formally congratulated Dr Ben Owens and acknowledged the tremendous achievements he and his team have made.</p>		
	<p><b>LONG TERM PARTNERSHIP</b></p>		
16/164	<p>PHm advised that with regards to the LTP, everything within SFHFT and NUH’s responsibility was on track. This represents a formidable battery of work and has been supported enormously well by excellent team work between the respective teams. Both organisations were told that the brisk pace of the challenging deadline by which we wished to complete the merger proceedings had never been done before and there was a note of disbelief amongst some of those at the top of the office. Through the excellent teamwork demonstrated by SFHFT and NUH colleagues we have demonstrated that it is possible.</p> <p>PHm advised that the areas that were always anticipated to be very influential in terms of timescale are those where we require senior colleagues and significant others with national responsibilities. It is anticipated that the Competitions and Market Authority assessment, that is yet to be completed, will require no longer than the usual 40 day assessment. It is hoped that the process that NHSI elect to facilitate the transaction will be achievable within the desired timescale. With regards to the residual liabilities, it is necessary to ensure that the liabilities within SFHFT are identified and that there is a mechanism in place for any that aren’t. This needs to be agreeable to both organisations. The financial provision required to support the entire arrangement needs to be agreed.</p> <p>PHm advised that a Merger Steering Group meeting attended by NUH, SFHFT and significant others including NHSI would be held tomorrow at which PHm will once again impress upon NHSI the critical importance of a timely merger completion to ensure that staff uncertainty in both organisations is kept to an absolute minimum.</p> <p>TR enquired how achievable the 1<sup>st</sup> Oct deadline was and what impact the summer holidays would have on achieving it. PHm confirmed that the 1<sup>st</sup> October was achievable but challenging due to the dependency on our significant others outside of Nottinghamshire who were required to make some very big decisions. PHm advised that one of the pressing points in the discussion at the Merger Steering Group meeting tomorrow will be to reinforce the message that unless significant issues are resolved very quickly, we will struggle to hit the October date.</p> <p>TR felt that there was unease around the workforce and staff were anxious to know the direction of travel. TR felt that both NUH and SFHFT have some great staff who want to work in the bigger organisation and neither SFHFT nor NUH would want to lose them. The history required to provide the continuity of service is also very important for both organisations as each has its own distinctiveness.</p>		

	<p>PHm advised that having had the opportunity to talk to quite a considerable number of staff at SFHFT and NUH, he was aware that a substantial number of staff are understandably anxious which is why it is imperative to keep the interval to the shortest possible period so that the momentum that colleagues have already established at SFHFT can continue with a sense of confidence and purpose.</p>		
	<p><b>INTEGRATED PERFORMANCE REPORT</b></p>		
16/165	<p><b>Mortality</b>                  AH advised that the monthly mortality figure remains below 100. The Trust has complete data up to the end of March from Dr Foster which indicates that SFHFT’s annual mortality for this year will be 95. Going back so far as 2009/10, this is the first time that SFHFT has come in with an annual mortality below 100. AH advised that this reflects the good work that has gone on in the past year. The Mortality Surveillance Group are advancing the rate of review of all deaths. In addition there is an ever growing electronic database that can be interrogated to obtain further learning. Mortality is progressing and the Trust has no outlying mortality alerts.</p> <p><b>Sepsis / deteriorating patient</b>                  AH advised that performance continues to be strong with screening in both ward and admission areas reaching over 90%. In quarter one SFHFT were one of the top performers in the National Sepsis CQUIN. SFHST’s treatment times for antibiotics, antibiotic reviews and three day reviews are in excess of 90% for admission areas and 84% for ward areas. This is a strong performance that has been sustained for several quarters and is very encouraging.</p> <p><b>Infection Control</b>                  AH advised that in terms of C-diff, SFHFT are ahead of trajectories for the year. There were no cases during July and there are 11 cases to date this year. This reflects the hard work within infection control and the move towards the ward accreditation system which delivers the right message at ward level.</p> <p>PM felt that the hard work that had resulted in the sustained performance within mortality and sepsis over the past three years had been brilliant throughout the organisation. To reduce the mortality rate to 95 as an annual performance is excellent. PM proposed that a huge amount of credit and thanks be relayed to everyone throughout the organisation who has contributed as this has been a huge turnaround for the Trust. AH advised that Jo Richardson and Sam Milne had been instrumental in this success. Jo Richardson was the Patient Safety Fellow and played a huge and significant role with the mortality work. Jo has now left the Trust. Sam Milne F2, had made a huge contribution to the improvements with sepsis and had established some of the work with the junior doctors. Sam Milne has now left the Trust.</p> <p>The Board of Directors ACKNOWLEDGED Jo Richardson and Sam Milne’s contributions.</p>		

<p>LS enquired where priority 3 - the safe use of medicines, was monitored and how this was fed through to the Board of Directors. AH advised that the safe use of medicines was monitored at the Patient Safety and Quality Board and is reported to the Quality Committee. AH advised that the Patient Safety and Quality Board had requested more detailed information regarding the safe use of medicines and more granular information is expected at the next meeting.</p> <p><b>Falls</b> SB advised that there had been a slight increase in the total number of patient falls with harm to 111 in June, primarily due to an increase in low harm falls. The value for the falls in relation to April and May was an untypical drop so June's position is more typical in relation to the reporting number. The national rate for the National Reporting and Learning System for falls is 19% of all reported incidents and for quarter 1 SFHFT's accounted for 14.5% which suggests that the Trust is typically below the England average. Over a 13 month period there has been a continued reduction but SB was mindful that further work was required. Environmental audits and visits for the Health &amp; Safety Manager are being conducted. Additional equipment and grab boxes have been introduced across many wards and departments and the enhanced patient observation process has also been reviewed following the 360 audit. SFHFT are working as part of the Vanguard and Alliance across the health economy around falls and recently the falls leads from NUH and SFHFT have visited areas of both Trusts to observe and share learning.</p> <p><b>Pressure Ulcers</b> SB advised that SFHFT's threshold for pressure ulcers for 2016/17 is no more than 36 grade 2 avoidable pressure ulcers. The Trust are well within that threshold at quarter 1 and have zero grade 3 and 4's in quarter 1. A newly formed Safety Group will bring together pressure ulcers and falls with a view to facilitating shared learning and promote positive safety practice.</p> <p><b>Serious incidents</b> SB advised that 5 serious incidents in June were currently under investigation. At the end of quarter 1 there were 8 serious incidents open, this is now down to 5. Root causes can be identified early and any learning followed through.</p> <p><b>Learning Disabilities</b> SB confirmed that SFHFT continue to comply with the 6 criteria although there had been a 3 month gap due to the Learning Disabilities Nurse leaving the Trust. This post has now been filled.</p> <p><b>Safer Staffing For Nurses</b> SB advised that June's data continues to reflect the challenge of safe staffing with 20 out of the 29 monitored areas requiring additional staffing above plan to meet patient acuity and dependency. No areas were identified as unsafe and no increase in patient harms or nurse sensitive indicators were identified. This is monitored on a shift by shift basis and an escalation process is in place to report shortfalls in staffing. Recruitment and retention work continues, and agency staff continue to be supported and monitored.</p>		
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<p>PM stated that the quarterly report indicates that the number of falls have increased, although the figures are well below for the same period last year. PM enquired if the Trust's focus had moved because falls are no longer a priority. SB confirmed that falls were still very much in focus and advised that when a fall occurs, a root cause analysis is conducted which is shared with staff. The Falls Leads Nurse still attends monthly Ward Assurance meetings to share any learning. SB advised that there had been a significant drop in the number of falls in April and a slight increase in May and June. The drop in April was significant and is being monitored very closely. Initiatives are in place as is shared learning across two organisations.</p> <p>PM enquired if SFHFT was completely compliant in all 6 criteria for learning disabilities. SB confirmed that the Trust was compliant but with regards to the element 'making health information accessible', some leaflets are available but this has not yet been rolled out across all leaflets. SB advised that a meeting had been organised to review the Trust's appointment letters with a view to making them easier to read. SB proposed that a review of the leaflets be conducted and taken to the Quality Committee to provide assurance.</p> <p><b>Action: Patient leaflet review to be presented to the Quality Committee.</b></p> <p>LS stated that with regards to safer staffing, there appeared to be a gap between actual staffing and establishment. LS enquired why 20 out of the 29 monitored areas required additional staffing over and above establishment. SB advised that this was mainly in relation to Health Care Assistants and the requirement of 1 to 1 specialty. Even if a ward is fully established and a patient meets the enhanced patient observation criteria, staff above establishment are required. Two confirm and challenge establishment reviews have suggested that Health Care Assistants are an issue.</p> <p>SB advised that SFHFT Executives agreed to over establish a virtual group of 36 Health Care Assistants that will fill the enhanced patient observation requirement. LS enquired as to the likely net impact that this would have on the organisation. SB advised that registered nurses would probably remain as is but anticipated a potential shortfall in Health Care Assistants, although the establishment reviews did not take into account the 1 to 1s. SB advised that three confirm and challenges were being conducted which demonstrates the robustness of the work being done.</p> <p>NG enquired if SFHFT would be fully resourced with Health Care Assistants by October. JB confirmed that it would and advised that the pool of 36 would be properly rostered with work allocated to them on the day. SB advised that Datix will be used to report any staffing incidents.</p> <p>JS advised that SFHFT has a staffing problem but this problem is being properly managed in a real time basis with an eye on cost and a real eye on quality. Staffing is reviewed four times a day at flow meetings and any shifts that are insufficiently staffed are reviewed and action is then taken by Senior Nurses on a real time basis. SB has implemented a rigorous process to ensure that when agency staff are required, that requirement is properly assessed and opportunities across the whole trust are considered.</p>	<p>SB</p>	<p>21/09/16</p>
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<p><b>Cancer</b> JS advised that the Trust had achieved the June cancer standards across the board. 86.6% was achieved for 62 days which means that 85.3% was achieved for the quarter.</p> <p><b>Four hour wait</b> JS advised that the 4 hour target is 95%. JS confirmed that the Trust had achieved the 4 hour target in May with 95.2%. Junes position was 93.9% and 94.79% was achieved in July. Demand in June saw an increase in KMH's activity but also saw a 19.2% reduction in PC24's activity. In March PC24 saw 2776 patients but in July only saw 1883. This is a significant reduction that impacts on the Trust's ED demand. Consequently, a number of meetings have been held with the CCG to discuss the impact of the streaming model that was designed to reduce demand on ED and also to discuss the increased number of breaches that are occurring through our new provider.</p> <p>JS advised that a letter had been received from Dale Bywater who is the Executive Director of NHSI and responsible for the East Midlands. The letter forms part of a new national campaign for ED which is necessary due to poor performance nationally, in May the East Midlands reached 88.9%. Mr Bywater's letter points out a number of actions that are required including the transformation of the Systems Resilience Group into a Local Delivery Board. SFHFT are required to deliver the NHS Bundle which includes ensuring flow occurs at 10:00, that discharges before 12:00 are maximised and that any patients over 7 days are reviewed.</p> <p>The final action for SFHFT is to ensure that there are appropriate Discharge to Assess and Trusted Assessor models in place. Currently, the Trust's models are not to the standard expected.</p> <p>Although activity hasn't changed, the number if patients who are in delay waiting for the Discharge Support Team (which is external to the Trust) has gone up. The length of stay over 10 days has also increased so the 4 hour wait remains a challenge.</p> <p><b>Referral to Treatment Times</b> JS advised that the Trust continues to achieve the referral to treatment times.</p> <p><b>The diagnostic RTT (DMO1)</b> JS advised that the Trust achieved in April and May but had failed in June and is forecast to fail in July.</p> <p>JS advised that the JAG accreditors had re-inspected the Trust having threatened to take away the full JAG Accreditation due to waiting times. The feedback has been extremely positive and the inspectors acknowledged the significant changes stating that the Trust had gone "above and beyond" what they would expect. The inspectors confirmed that they will be recommending that the JAG Board reaccredits SFHFT.</p> <p>LS congratulated staff for their achievement in obtaining the JAG reaccreditation.</p>		
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<p><b>Outpatient &amp; Inpatient performance</b></p> <p>JS highlighted that a new trauma rota, a hot week, had been implemented in Trauma and Orthopaedics. The rota has only been running for a couple of weeks but has already made a dramatic improvement to the number of trauma beds available. The current position is that 13 empty trauma beds are now available daily.</p> <p>JS advised that Four Eyes are an organisation that provides a diagnostic review of the opportunity for theatre productivity. SFHFT used this service initially within Trauma and Orthopaedics and a lot of the work that has been done within this department was based on that review. Four Eyes also offer support to implement ways to improve theatre productivity. This support provides significant improvements. It also has a beneficial impact on the quality of care for patients and a positive impact on Trust income. Four Eyes conducted a review on the rest of the surgical specialties and the opportunity that exists based on this review are similar to that of Trauma and Orthopaedics. JS has requested that Four Eyes implement theatre productivity within the Trust.</p> <p>LS enquired as to JS's views of the local SRG. JS felt that the meetings were chaired well by either the Accountable Officer, CCG or by a Director responsible for Non-Elective Care. The meetings are generally well attended although the Ambulance Service has difficulty attending some of the meetings. The focus is often on acute hospitals and the delivery of all targets, although other areas don't get quite the same level of focus. Attendees tend to be high level decision makers from the CCG and Acute Trust's but are not such a high level from other partners. JS felt that the letter from Dale Bywater indicating change and focus would be helpful. AH stated that in 2014/15 there was a high level of input from EMAS and from local authorities and decisions weren't carried over or delayed.</p> <p>PW advised that this was the subject of an intense discussion at the Leadership Board recently in terms of the causes of the spikes and demands, particularly with ambulances and the issue that JS raised earlier regarding PC24. A programme of work has been created to reinforce the focus and ensure that the Leadership Board are looking at the right things and not just focussing on hospital performance and crude measures.</p> <p><b>Financial Summary</b></p> <p>PR advised that all aspects of financial delivery are in line with or better than plan, with the exception of capital spend which has improved in June with in-month performance of £0.83m ahead of plan. If LTP costs are excluded then SFHFT's deficit at the end of Q1 stands at £11.9m which is £590k better than the plan that was at the start of the year.</p> <p>PR advised that there was continued growth in non-elective activity which has put the income plan £700k ahead of plan at Q1.</p> <p>PR advised that pay was within budget overall, but nursing was £0.14m worse than plan in month and £0.47m worse than plan YTD, although spend in June has reduced. Agency spend continues in excess of the ceiling. The non-pay position is £0.07m worse than plan in month and £0.43m worse than plan YTD. A full provision of £0.24m has been made for the non-payment of the CNCS debt.</p>		
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<p>The latest indications regarding the CNCS debt are that the Trust may achieve a recovery of 19p per £1, this equates to £40k of the original £240k debt.</p> <p>PR advised that an analysis of the Q1 position shows an underlying deficit of £19.6m, a position £0.1m better than plan. The reported position includes a number of non-recurrent benefits in Q1 which have made the position better than plan. These include non-recurrent CIP delivery and non-clinical underspends. These benefits are not expected to continue in future months at the current rate.</p> <p>PR stated that the first forecast had been completed at the end of Q1 which demonstrates that the planned deficit of £57.1m is achievable. Key assumptions include 100% delivery of CIP, Alliance Outcomes &amp; CQUIN and full receipt of S&amp;T monies.</p> <p>PR was pleased to report that at the end of Q1, the Trust are forecasting delivery of the control total.</p> <p><b>Workforce</b>  <b>Trust wide sickness absence</b>          JB advised that the overall sickness levels have increased by 0.02% in month to 3.96% (May, 3.94%). Short term sickness has increased by 0.13% (2.18%) and long term sickness has decreased for the third month by 0.12% (1.78%). The Division with the largest reduction was Urgent &amp; Emergency Care which decreased by 2.43% to stand at 2.66%. Short term sickness decreased by 1.63% (1.90%) and Long term sickness decreased by 0.82% (0.74%). This significant reduction was due to the HR Team working closely with the Matron, Ward and Department Leaders to manage both long term and short term sickness absence through monthly confirm and challenge meetings and informal coaching and support.</p> <p><b>Appraisal</b>          JB advised that Trust wide appraisal compliance had increased by 1% to 92% (May 2016, 91%). The Trust appraisal compliance target is 98%. There are 275, (8%) appraisals required in June to reach 100%. However there were also an additional 251 appraisals due to be completed which expire in month, a total of 526 (16%) required to be completed in June 2016.</p> <p><b>Staffing</b>          JB was encouraged that turnover remained low this month with more new starters than leavers.</p> <p>JB confirmed that 47 student nurses are scheduled to join the Trust, 35 during September and 12 during October.</p> <p>JB expressed concern regarding the unwillingness of the earmarked nurses from the Philippines to retake the language test and the affect that this will have on the predicted international nurse numbers. JB anticipated that there would be a bigger challenge to retain the nurses that arrive from the Philippines due to there being fewer of them and the difficulties of them developing a community. A second trip to the Philippines is no longer a realistic option.</p>		
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<p>TR enquired if the situation with the Philippine nurses would result in a net loss. PR confirmed that payment was per head for those that arrive.</p> <p>JB advised that Europe is an option that is being explored although Spanish nurses are still worried about the English test which is considered to be a very academic standard.</p> <p>PM enquired if European nurses and medics were feeling unsettled due to the decision of the UK to exit the EU. JB advised that staff clearly see this as an issue. It is a challenge for the whole of the NHS. JB reiterated the importance of continuing to engage and support staff. PHm advised that NUH had written, using The Association of UK University Hospitals, to the Secretary of State and NHSI proposing a solution on precisely this point. PHm had engaged in conversations with many members of staff who were very distressed, concerned and uncertain about their future. The NHS Confederation and NUH are continuing to offer support to staff.</p> <p><b>Action: JB to re-draw the predictions and trajectories of the registered nurse numbers.</b></p> <p><b>Recruitment Performance</b> JB advised that since the implementation of Trac there has been a 38% improvement in time to hire. The East Midlands Streamlining Perfect Process has a target of 62 days and the Trust now exceeds the local NHS target by over 2 weeks. In addition, Managers are reporting a higher degree of satisfaction with the recruitment process.</p> <p>JB advised that a ‘warm welcome’ strategy and ‘keep in touch days’ had been implemented to ensure that new starters are made to feel involved.</p> <p>PHr felt that the level of registered nurses and medical staff vacancies was shockingly high. One of the clear focusses of the merger is to work together and joint appointments with NUH have begun. 17 new junior doctors have been appointed. AH advised that the medical workforce gap was decreasing but is being monitored very closely. The Trust had done a lot better this year in terms of deanery posts.</p> <p><b>Pharmacy Recruitment and Retention</b> JB expressed concern with regards to the significant number of pharmacy vacancies and pharmacy vacancies arising over the next 3 months. JB advised that the position was alarming and strategies were underway to mitigate the effect. A link is being developed between band 6 and band 7’s via a competency pathway because it is band 7’s that pose the biggest challenge. SFHFT are also looking to attract community pharmacists and talks are underway with NUH to develop joint strategies.</p> <p><b>Pay Spend</b> JB advised that variable pay was £3.67m in June against the actual budget of £1.79m, £1.87m above budget in month. However, fixed pay has an underspend of £1.85m against budget. The demand for registered nurse agency has increased from May to June.</p>	<p>JB</p>	<p>07/09/16</p>
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	<p>JB advised that the administrative process has been reconfigured through Allocate and now facilitates an automatic tier process to approach the cheaper agencies first. New rate cards have also been agreed with the agencies and substantial cost savings anticipated.</p> <p><b>Action: JB to include the level of agency spend against the threshold set by the regulator on the pay spend chart.</b></p> <p><b>Training and Education</b> JB advised that the overall compliance rate for Mandatory Training has increased by 1% to 89%. This is against a target of 90% (92% with a 2% tolerance). This rate refers to the number of competencies completed and not the number of staff compliant. In June all divisions have increased their compliance.</p> <p>LS expressed concern regarding the safeguarding training of level 2 and 3's. SB advised that a Head of Safeguarding was in situ and confirmed that SFHFT are at 86% and 85% overall, however there was a big focus on level 2 medical staff overall and on medical staff level 3 for safeguarding children. A 360 audit and an external review has been conducted in relation to safeguarding. The training programmes have been reviewed to ensure that they remain fit for purpose and different methods of training have been made available to staff. The Safeguarding Team's presence is more visible on wards and dashboards have been developed to ensure that staff understand what they have been taught. LS felt that the Board of Directors should be conscious of a potential significant reputational risk should an incident occur. SB advised that the Trust had seen a marked improvement over the past 12 months with regards to safeguarding performance.</p>	JB	07/09/16
<b>QUALITY IMPROVEMENT PLAN UPDATE</b>			
16/166	<p>EJ advised that the July cycle of the QIP continues to make significant progress. Of the original 287 actions, 196 are deemed to be embedded.</p> <p>EJ advised that there had been a temporary slip back in terms of actions with the strategy work at Newark Hospital but this has now been resolved.</p> <p>EJ presented one blue form for the Board of Directors approval:-</p> <p>2. Governance 2.1.5 – Review the role and operation of the Risk Management Committee to ensure alignment with governance structure review.</p> <p>PM stated that the work of the Risk Committee was now apparent and was feeding through via the other committees but enquired if the loss of Paul Moore would jeopardise the progress. PHr advised that Paul Moore's departure had not led to a deterioration. PHr stated that the Deputy Head of Governance was very good and the systems and processes that were in place continued to operate effectively. In addition to Paul Moore, Elaine Jeffers and the Head of Governance will also leave the Trust at the end of August. PHr reiterated the importance of the new leadership arrangements for the combined organisation.</p>		

	<p>PHm advised that through previous conversations with SFHFT colleagues, NUH had been able to anticipate the departing members of the team and are giving careful thought to how resources are deployed to ensure that the good work that has been built up is sustained.</p> <p>NG enquired when external confirmation for the blue/green actions would be obtained. EJ advised that there were currently 56 actions that were subject to CQC verification, the vast majority of which relate to the section 29a notice. EJ anticipates that as a consequence of the CQC inspection, the CQC will be satisfied and recommend that the section is lifted. The blue/green actions will then automatically drop into blue.</p> <p>LS advised that two members of the CQC inspection team had sat in and observed the Board Risk Committee meeting on 18<sup>th</sup> July 2016.</p> <p>PHr advised that the QIP as an initiative was coming to an end and as such discussions were to be held at the next Quality Improvement meeting to consider if it is appropriate to terminate the entire QIP and to establish how best to ensure that the improvements that have been made are maintained and any outstanding actions delivered.</p> <p>EJ confirmed that the Quality Committee had approved 15 and the OD &amp; Workforce Committee had approved 8 actions this month.</p> <p>LS stated that she had been impressed with the rigor in which the QIP had been delivered and the process that had been applied.</p> <p>The Board of Directors AGREED the Workstream recommendation for embedded actions.</p> <p>The Board of Directors AGREED the Quality and OD &amp; Workforce Committee recommendations for embedded actions.</p>		
	<p><b>NHSI Q1 RETURN</b></p>		
<p>16/167</p>	<p>SC advised that the Self Certification document was circulated to board members for approval prior to submission on 29th July 2016. The submission was unanimously approved by the board and subsequently submitted prior to the deadline.</p> <p>The Board of Directors RATIFIED the approval of the NHSI quarter 1 - Self Certification.</p>		
	<p><b>BOARD ASSURANCE FRAMEWORK</b></p>		
<p>16/168</p>	<p>PHr advised that the Board Risk Committee scrutinise the BAF on a monthly basis and during their July meeting had assessed the Trust's major strategic risks. PHr invited the Board of Directors to consider the residual risk rating that the committee had judged to be appropriate for each risk and to also consider if the planned actions were adequate.</p> <p>Due to the scrutiny of the BAF conducted by the Board Risk Committee, PHr proposed that the Board of Directors receive the BAF on a quarterly basis in the future.</p>		

	<p>The Board of Directors APPROVED the proposal to receive the BAF quarterly.</p> <p>The Board of Directors APPROVED the proposal for the Audit and Assurance Committee to receive the BAF twice annually.</p>		
	<b>ASSURANCE FROM SUB COMMITTEES</b>		
16/169	<ul style="list-style-type: none"> <li>• <b>Audit &amp; Assurance committee</b></li> <li>• <b>Board Risk Committee</b></li> <li>• <b>Charitable Funds Committee</b></li> <li>• <b>Finance Committee</b></li> <li>• <b>OD &amp; Workforce Committee</b></li> <li>• <b>Quality Committee</b></li> </ul> <p>The Board of Directors NOTED the contents of the reports.</p>		
	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
16/170	<p>The Board of Directors AGREED that the Organ Donation story would be published on the Trust's internet site as a 3-5 minute video to raise awareness.</p>		
	<b>ANY OTHER BUSINESS</b>		
16/172	<p>PHm suggested that when staff are appointed within the Trust, they are provided with information of how to enrol on the organ donation register. PHm felt that this would be not only a very good introduction as to the responsibility that we as an institution have but also a good opportunity to reinforce the message.</p> <p>LS suggested that the same apply for Trust members. TR proposed this be done via the membership magazine.</p>		
	<b>DATE OF NEXT MEETING</b>		
	<p>It was CONFIRMED that the next meeting of the Board of Directors would be held on 7<sup>th</sup> September 2016 at 10:00 in the Boardroom, Level 1, King's Mill Hospital.</p>		
	<p>There being no further business the Chair declared the meeting closed at 12:45.</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p>		
	<p><b>Louise Scull</b> <b>Chair</b></p>	<p><b>Date</b></p>	