

**Un-Confirmed MINUTES** of a Public meeting of the Board of Directors held at 10:30am on Wednesday  
7<sup>th</sup> September 2016 in Classroom 1, Level 1, King's Mill Hospital

<b>Present:</b>	Louise Scull	Chair	LS
	Dr Peter Marks	Non – Executive Director	PM
	Claire Ward	Non – Executive Director	CW
	Ray Dawson	Non – Executive Director	RD
	Graham Ward	Non – Executive Director	GW
	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
	Mandy Sunderland	Chief Nurse	MS
	Phil Bolton	Professional Lead Nursing Operations	PB
	<b>In Attendance:</b>	Joanne Walker	Minute Secretary
Jo Yeaman		Strategic Communications Lead	JY
Kim Harper		Service Improvement Facilitator	KH
Rosie Dixon		Nurse Consultant	RD
<b>Apologies:</b>	Tim Reddish	Non – Executive Director	
	Ruby Beech	Non – Executive Director	

		Action	Date
	<b>CHAIRS WELCOME AND INTRODUCTION</b>		
16/184	The meeting being quorate, LS declared the meeting open at 10.30 am and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
	<b>DECLARATIONS OF INTEREST</b>		
16/185	It was CONFIRMED that there were no declarations of interest relating to items on agenda.		
	<b>APOLOGIES FOR ABSENCE</b>		
16/186	It was CONFIRMED that apologies for absence had been received from Tim Reddish – Non Executive Director and Ruby Beech – Non Executive Director.		
	<b>PATIENT STORY – FAECAL TRANSPLANTATION</b>		
16/187	<p>RD presented the story of a 92 year old patient who had been treated for Clostridium Difficile 7 times over a twelve month period. This illness had resulted in 5 hospital admissions and 63 days of stay in hospital. Unfortunately none of the antibiotic treatments were successful and a faecal transplant was suggested.</p> <p>The faecal transplant was performed via a colonoscopy with the aim to repopulate new healthy bacteria within the recipients gut. This procedure is widely used in America but only a small number of Trusts in England use this technique.</p> <p>Within 24 hours the patient had dramatically improved and was able to eat normally. 2 weeks post procedure the patient was very happy with the procedure and the treatment received at KMH and praised staff.</p> <p>SFHFT were one of the first Trusts in the East Midlands to carry out this procedure.</p> <p>The Board NOTED this fascinating story and THANKED RD for her presentation.</p>		
	<b>MINUTES OF THE MEETING HELD ON 3<sup>RD</sup> AUGUST 2016</b>		
16/188	Following a review of the minutes of the public meeting held on 3 <sup>rd</sup> August 2016, the Board of Directors APPROVED the minutes as a true and accurate record.		
	<b>MATTERS ARISING / ACTION LOG</b>		
16/189	There were no outstanding actions.		
	<b>CHAIR'S REPORT</b>		
16/190	The Board of Directors NOTED the contents of the report, which provided an update on progress, plans and regulatory developments relating to the PRM meeting, the long term partnership, the Council of Governors Development Session and the Governors Membership and Engagement Committee meeting.		

	<b>MANAGING DIRECTORS REPORT</b>		
16/191	PHr advised that the Junior Doctor’s strike that had been planned to take place 12 <sup>th</sup> – 16 <sup>th</sup> September had been cancelled, however further industrial action had been scheduled during October and November which would encroach into the winter period which was the busiest for the Trust.		
	<b>LONG TERM PARTNERSHIP</b>		
16/192	<p>PHm advised that the work programme had been discharged to time and on budget by NUH and SFHFT colleagues.</p> <p>PHm advised that, following the meeting he and LS attended with NHSI, the Merger Steering Group and NUH Board had each met. These meetings had resulted in significant developments which will be communicated to governors and staff within the next few days.</p> <p>Further discussion of the LTP was deferred to the Board of Directors meeting in private.</p>		
	<b>INTEGRATED PERFORMANCE REPORT</b>		
16/193	<p><b>Quality &amp; Safety</b></p> <p>AH advised that for Mortality, the recent Dr Foster report had confirmed May’s figures for SFHFT as 92.1%. The annual figure remains below 100 and this is not expected to change for 15/16. There are no outstanding mortality alerts.</p> <p>AH explained that the Dr Foster dashboard shows that out of 144 acute Trusts, SFHFT are within the top 25% centile for best performance.</p> <p>For Sepsis, AH advised that performance continued to be strong with screening rates for both admission and wards areas achieving over 90%. A review of all sepsis related mortality deaths up until June has been conducted.</p> <p>The work of the Deteriorating Patient Group in combination with NUH continues and an audit was conducted of Datix incidents which shows that SFHFT’s accountability is strong with fewer issues with transfer than that of NUH although SFHFT have more issues on Datix relating to medical escalations. AH felt that the implementation of Nervecentre was very important as SFHFT’s current system is missing the automatic link.</p> <p>There were 5 C-Diff confirmed Trust accountable cases reported in Q2. The Trust’s YTD figure is 20, the annual target is 48. Some wards have exceeded 200 days without a case of C-Diff which AH advised was a significant improvement.</p> <p>PM congratulated AH and colleagues for the massive turnaround over the past 18 months within mortality.</p> <p>LS requested that the mortality dashboard, when developed, be aligned with NUH’s. AH advised that one of the problems was with IT and felt it imperative that both Trusts were able to report on the same system to facilitate this.</p>		

<p>LS enquired as to the significant increase in medication incidents that had been reported on Datix. AH advised that this was due to reporting and coding, and that verification was to be obtained from Pharmacy as to their current thresholds for reporting incidents. PM suggested that the picture looked far worse than it actually was and a brief narrative should be added to the IPR to explain this.</p> <p><b>Safer Staffing</b> PB advised that safer staffing remained a challenge and was driven by the high band 5 vacancy factor and the increased acuity and demand in enhanced care. 15 out of the 29 monitored areas required additional staffing over their plan to meet patient acuity and dependency, no areas were identified as unsafe and no increase in patient harms was identified as a result of this. Planned recruitment activities are ongoing and a further focussed review of enhanced care has been agreed to understand why demand has increased.</p> <p>PM enquired if it was possible to plot the changing acuity of patients. PB confirmed that an acuity dependency tool was used that was good at picking up patients that were acutely unwell but was not sensitive enough to capture all components such as patients with dementia or challenging behaviour. MS advised that this was a national problem and because of the recent Carter review, both Trusts are now looking at best practice. MS felt that having the right level of nurse at the right place was particularly important. MS confirmed that both Trusts have put in a bid to be a pilot site for the new Associate Nurse role which is a band 4 and requires a 2 year training programme. The joint bid is for 60 Associate Nurses which MS felt would be ideally suited for these posts.</p> <p>LS advised that Appendix A of the safer staffing report was omitted from the reading room but should in fact be published on the website.</p> <p><b>Action: Safer staffing data is to be published on the website.</b></p> <p><b>OPERATIONAL STANDARDS</b></p> <p><b>Cancer</b> JS advised that SFHFT had failed to achieve the 62 day treatment and target in July and advised that August was also at risk. The target is expected to be achieved in September.</p> <p><b>Four hour wait</b> The Trust failed to achieve the target in July achieving 94.79% which was slightly below the 95% target. The Trust continues to see an increase in ED and attendances, as PC24 attendances continue to decrease.</p> <p>Problems continue following the demise of CNCS and the introduction of NEMS and the ED department has begun a pilot to increase the number of patients being seen in PC24 with an ED nurse streaming patients at reception as clinically appropriate. The pilot will run initially for four weeks but there have already been some small improvements of around 15%. 40% of ambulatory patients should be streamed to PC24 so there is still further progress required.</p>	<p>PB</p>	<p>05/10/16</p>
---	-----------	-----------------

<p>In August SFHFT achieved 95.84% for the month and are at 95.29% for Q2. The difference in attendances between August 2015 and August 2016 are that KMH ED increased by 9.6% and PC24 decreased by 34.6%.</p> <p>JS advised that the increase in ED demand was a national problem that was affected by external organisations. NHSI have recently issued a set of improvement actions aimed not only at the acute sector, but also at the community &amp; social care sectors.</p> <p>JS confirmed that SFHFT continues to achieve the referral to treatment times.</p> <p>SFHFT are forecast to fail DMO1 in August due to an administrative error in scanning that has now been resolved.</p> <p>Endoscopy failed to meet the 99% standard for July. Plans are in place to return Endoscopy performance in September. SFHFT expects to receive the JAG re-accreditation after the next JAG Board meeting. In response to a question from PM, JS confirmed that he did not feel that July and August's performance would affect this.</p> <p>JS advised that Internal Audit had given a Significant Assurance rating to SFHFT's processes and improvements regarding the Outpatient review list and DNAs. DNA rates continue to be well managed and hospital cancellations for inpatients have dropped considerably. Cancelled inpatient operations have dropped significantly.</p> <p>JS advised that for theatre utilisation, productivity had improved but the data is not reflective of this. Reviews are underway and Four Eyes have been appointed to identify any further improvements.</p> <p>LS noted that there were two separate A &amp; E Delivery Boards, Mid-Nottinghamshire and South Nottinghamshire and advised that PHm was chairing South Nottinghamshire. LS enquired who was chairing Mid-Nottinghamshire as national guidance dictates that it should be provider chaired.</p> <p><b>Action: JS to clarify the Chair of Mid-Nottinghamshire A &amp; E Delivery Board and the date of the first meeting.</b></p> <p><b>FINANCE</b></p> <p>PR advised that all aspects of financial delivery were in line with or better than plan, with the exceptions of capital spend which is £1.5m behind plan and cash balance which is marginally less than plan due to cash in transit. The deficit for July is £6.05m, £0.06m behind plan, this is because income for July was slightly below plan and medical pay increased. A reduction in the medical run rate is showing for August which is a good sign.</p> <p>The YTD deficit of £25.20m is £0.52m ahead of plan. SFHFT continue to forecast the achievement of the control total, assuming delivery of CIP target and achievement of the CQUIN and sustainability and transformation funding.</p>	<p>JS</p>	<p>09/09/16</p>
---	-----------	-----------------

<p>PR felt that for Q2, SFHFT were within the tolerance which the sustainability and transformation fund affords but for Q3 the trajectories must be met.</p> <p>July is the first in month deficit to plan, in 2016/17.</p> <p>LS enquired if SFHFT were confident with the activity trajectories that had been put forward as being realistic and achievable. JS confirmed his belief that the performance trajectories were realistic and the winter plan robust. The winter plan will be presented at the next board. NG advised that the biggest risk was achieving the CIP but at present SFHFT are ahead of the YTD position.</p> <p><b>Action: The regulators agency cap target to be included within the IPR to show SFHFT's performance against target.</b></p> <p><b>WORKFORCE</b></p> <p>JB advised that sickness absence continues to decrease. Cumulative sickness absence for July 2016 is 4.22% which is an increase in year of 0.32% when compared to July 2015 (3.92%). However, this is still relatively low when compared to many other Acute Trusts.</p> <p>Trust wide appraisal compliance remained static at 92%. August is expected to reach 95%. The Trust appraisal compliance target is 98% and JB was particularly pleased with the progress made in this area.</p> <p>JB advised that 180 registered nurse band 5 vacancies have been reported. All 10 student nurses took up post at the beginning of September.</p> <p>For Medical &amp; Dental, there were 35 new starters this month which overlapped with the medical workforce changeover staff which will be leaving in August 2016. The gap/vacancy figure will therefore show as low for July 2016.</p> <p>The Philippine nurses have been removed from the nursing trajectories.</p> <p>On 1 August 2016, the Trust implemented a streamlined nurse bank and agency process and is already seeing a reduction in the average hourly rate paid as more lower tier agencies are utilised to fill requests.</p> <p>The mandatory training target is 92% with a 2% tolerance, SFHFT achieved 90%. All areas are above 87%.</p>		
<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Consider the inclusion of appraisal quality related questions in the Pulse survey.</b></li> </ul>	PR	05/10/16
<ul style="list-style-type: none"> <li>• <b>NUH and SFHFT workforce reporting to be reviewed and aligned where possible</b></li> </ul>	JB	05/10/16
	JB	TBC

16/194	<b>NEWARK STRATEGY</b>		
	<p>PW presented the report and advised that the Newark Healthy Communities Partnership Group had shaped and supported the development of the Newark strategy.</p> <p>PM suggested that day case and outpatient trajectories at Newark hospital be included in the IPR.</p> <p>The Board of Directors were asked to consider the re-naming of the MIU/Urgent Care Centre to “Urgent Care Centre” which was in line with national guidelines. Concern was raised as to the confusion this may cause as KMH is also referred to as an “Urgent Care Centre”.</p> <p>The Board of Directors requested further information on the financial implications of Newark hospital operating a 24/7 service.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Executive team to consider and propose the most appropriate naming of Urgent and Emergency care at both Newark and KMH hospitals.</b></li> <li>• <b>PW to present a report regarding the financial implications of Newark Hospital operating 24/7.</b></li> </ul> <p>The Board of Directors NOTED the content of the refreshed strategy and endorsed the strategic direction for the vital local services provided from Newark Hospital and in the wider Newark and Sherwood community.</p> <p>The Board of Directors APPROVED the renewal of the mandate for the Executive to work with Better Together Alliance partners to deliver the revised service models.</p>	<p>PW/ALL</p> <p>PW</p>	<p>05/10/16</p> <p>05/10/16</p>
	<b>QUALITY IMPROVEMENT PLAN UPDATE</b>		
16/195	<p>PHr presented the report and advised that the future of the Quality Improvement Programme had been discussed at the Quality Improvement Board as the programme is almost complete. Discussions as to the most effective way to ensure quality and improvement going forward within SFHFT were also held.</p> <p>PHr presented the following blue action forms:-</p> <p>1 – Leadership 1.2.4 Implement business intelligence systems and revised performance management processes to support service line management.</p> <p>2. Governance 2.1.8 – Review the role and operation of all governance committees and implement new Governance Committee arrangements, including the review of NICE guidance.</p>		

	<p>2. Governance 2.7.1 – Review our CQC registration to ensure all activities/services provided by the Trust are registered with Care Quality Commission.</p> <p>2. Governance 2.7.2 – Submit an application for the Trust to be registered to undertake regulated activity of the assessment or treatment of persons detained under the Mental Health Act 1983.</p> <p>The Board of Directors AGREED the Workstream recommendation for embedded actions.</p> <p>The Board of Directors AGREED the Non-Executive Chair and Vice Chairs of the Quality and OD &amp; Workforce Committee’s recommendations for embedded actions.</p> <p><b>Action: With the majority of QIP actions now complete and embedded, a proposal for future arrangements to be submitted to the October Board meeting.</b></p>	PHr	05/10/16
	<b>ASSURANCE FROM SUB COMMITTEES</b>		
16/196	<p><b>Finance Committee</b> NG presented the report and advised that the main risks within Finance were SFHFT’s performance with regards to realising the S &amp; T and achieving the CIP. YTD, SFHFT were on target to achieve the CIP.</p> <p><b>Board Risk Committee</b> PHr presented the report. LS expressed concern regarding the recognition and reporting of risk at ground floor level. RD advised that the BAF provided granularity and assured the Board of Directors that the processes that had been implemented by the Board Risk Committee to recognise and score risks was extremely rigorous. This was followed up by regular meetings by Paul White with Divisional Leads. PHr advised that a 360 audit of risk was scheduled to take place imminently.</p> <p>PHm enquired if Board members conducted patient safety conversations with staff and suggested that this would be a good way to gauge their understanding.</p> <p>The Board of Directors NOTED the contents of the reports.</p>		
	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
16/197	There were no recommendations for communications to the wider organisation.		
	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT</b>		
16/198	There were no questions raised by members of the public present.		



	<b>ANY OTHER BUSINESS</b>		
16/199	<p><b>Fire Safety Risk</b> PW advised that there had been recent media attention regarding Skanska and potential lapses in the fire precautions implemented in a number of hospitals. PW assured the Board of Directors that as a result of this, independent advice had been obtained and a review of SFHFT's fire arrangements had been conducted. PW was pleased to confirm that only minor breaches had been discovered, 70% of which had been addressed to date.</p>		
	<b>DATE OF NEXT MEETING</b>		
	It was CONFIRMED that the next meeting of the Board of Directors would be held on 5 <sup>th</sup> October 2016 at 10:00 in the Boardroom, Level 1, King's Mill Hospital.		
	There being no further business the Chair declared the meeting closed at 12:40.		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.		
	<p><b>Louise Scull</b> Chair</p> <p style="text-align: right;"><b>Date</b></p>		