

Un-Confirmed MINUTES of a Public meeting of the Board of Directors held at 09:30 on Wednesday 5th October 2016 in Classroom 1, Level 1, King's Mill Hospital

Present:	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	
	Claire Ward	Non – Executive Director	CW	
	Graham Ward	Non – Executive Director	GW	
	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	
	Julie Bacon	Interim Director of HR & OD	JB	
	Roz Howie	Acting Chief Operating Officer	RH	
	Victoria Bagshaw	Deputy Chief Nurse – Professional Lead Corporate Nursing	VB	
	Phil Bolton	Deputy Chief Nurse – Professional Lead for Operations	PB	
	In Attendance:	Elaine Jeffers	Medical Directors Support	EJ
		Jo Yeaman	Strategic Communications Lead	JY
Kim Harper		Service Improvement Facilitator	KH	
Ruth Harrison		Learning Disability Specialist Nurse	RHa	
Joanne Walker		Minute Secretary	JW	
Observers:				
Apologies:	Ray Dawson	Non – Executive Director		
	Mandie Sunderland	Chief Nurse		

		Action	Date
16/210	CHAIRS WELCOME AND INTRODUCTION		
	The meeting being quorate, LS declared the meeting open at 09:30 am and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
16/211	DECLARATIONS OF INTEREST		
	Interests were declared for the Chair and the CEO in relation to their roles as Chair and CEO of NUH.		
16/212	APOLOGIES FOR ABSENCE		
	It was CONFIRMED that apologies for absence had been received from Ray Dawson, Non – Executive Director and Mandie Sunderland, Chief Nurse.		
16/213	PATIENT STORY		
	<p>RHa presented the story of a 34 year old gentleman (patient A) who has a severe learning disability, autism, complex needs and challenging behaviour and resides in a residential setting. When in a heightened state of arousal such as attending hospital, patient A can put himself and others at risk and needs to be accompanied by 4 members of staff, 3 of which assist with his movements. Patient A was referred to KMH for a day case procedure and the carer of Patient A contacted RHa to discuss the provision of legal adjustments which the Trust has a legal obligation to provide. Legal adjustments can include longer appointment times, quieter waiting areas, the use of the hospital traffic light assessment, the provision of easier to read information and first on listing for surgery/procedures.</p> <p>The following arrangements were made for patient A:-</p> <ul style="list-style-type: none"> • The pre-op was undertaken with carers and GP information. • A room on the ward was reserved. • Arrangements were made to ensure that Patient A was first on the list for surgery. • Security coned off a parking space and provided free parking. • Direct access to the reserved room was arranged via a rear entrance. • The nurse made her tunic look less like a nurse's uniform. • The anaesthetist and the consultant removed stethoscopes to support patient A's fear of uniforms and medical professionals. • Patient A and his staff were supported by security to exit KMH after the procedure. <p>Patient A's attendance at KMH was without incident and no aggressive behaviour was displayed. Positive feedback was received from the residential home thanking the staff of KMH for their support.</p>		

	<p>RHa felt that reasonable adjustments should be systemically embedded as daily practice and that it is important to pre-empt any possible outcomes and identify any potential triggers with proactive planning. The involvement of an LD nurse at the beginning of the patient’s journey should become standard practice. RHa felt that good practices should be developed and transferred to other areas within the Trust.</p> <p>PM enquired what hadn’t gone well during patient A’s attendance and if similar personalised care, such as pre-op arrangements, could be made for other patients. RHa advised that communication with the pre-op nurse could have been improved and the decision to conduct the pre-op in patient A’s absence was considered to be in his best interests but would not be appropriate for all patients.</p> <p>VB stated that the involvement of an LD nurse usually results in a successful attendance and felt that it was pivotal for SFHFT staff to understand the reasonable adjustment requirements for all patients.</p> <p>PB advised that for planned admissions, the process works very well but for un-planned admissions it is more challenging for staff. Often patients with severe learning disabilities are identified as needing reasonable adjustments but it is the patients who have less severe disabilities that are often missed.</p> <p>GW felt that GP’s should flag up any admissions that involve the requirement of reasonable adjustments to hospitals in advance. RHa advised that in conjunction with social care providers and community learning disabilities teams, knowledge is being shared. People are being identified and processes implemented including front of house plans which have been developed for un-planned admissions.</p> <p>PHr felt that it is important to spread the learning and skills of the LD Specialist Nurse throughout the organisation and suggested that a mechanism be implemented to increase awareness within SFHFT of the LD Specialist Nurse and associated services that are available.</p> <p>PM enquired what the Board could do to support the LD nurses. RHa advised that further training would be beneficial as currently only on-line training is conducted during induction. RHa felt that face to face training would be much more effective and would help to reignite motivation.</p> <p>PW stated that a substantial amount of work had been conducted relating to mental health care and felt that it would be beneficial for colleagues to network and share learning.</p> <p>RH felt that it was important to consider those patients that are transitioning between paediatrics and adults and to ensure that those patients are cared for in the right way.</p> <p>Actions:</p> <ul style="list-style-type: none"> • <i>JY to liaise with RHa to raise awareness within SFHFT of the LD Specialist Nurse and associated services.</i> 	<p>JY</p>	<p>02/11/16</p>
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16/214	MINUTES OF THE MEETING HELD ON 7TH SEPTEMBER 2016		
	Following a review of the minutes of the public meeting held on 7 th September 2016, AH requested that the YTD figure for C-Diff on page 3 be amended from 20 to 15. Pending this amendment the Board of Directors APPROVED the minutes as a true and accurate record.		
16/215	MATTERS ARISING / ACTION LOG		
	<p>The Board of Directors AGREED the following: -</p> <p>Action 84 – LS requested that the Board review the patient story of 28/01/16 and a summary update paper is to be included in the reading room of the next public board meeting.</p> <p>Actions 16.193.1, 16/193.2 were complete and could be removed from the action tracker.</p> <p>16/159.1 – PM advised that walks had been arranged previously but there had been very little interest. The Board of Directors AGREED that an appropriate advertising campaign would be initiated and walks would be re-scheduled.</p> <p>16/193 – VB advised that the safer staffing data is currently published on the website but it is difficult to find. A review to update and publish this information is underway. This action is complete and can be removed from the action tracker.</p> <p>16/193.3 – JB advised that the formal annual staff survey opened this week and 6 supplementary questions have been added to the appraisal question. This action is complete and can be removed from the action tracker.</p> <p>16/194 – The Board considered and AGREED that Newark Hospital would be named an Urgent Care Centre and KMH would remain an Emergency Care Centre. This action is complete and can be removed from the action tracker. LS requested confirmation on behalf of the Governors with regards to the timescales for the signage.</p> <p>16/195 – PH advised that this action would be discussed in item 11, Quality Improvement Plan Update of this meeting’s agenda. This action is complete and can be removed from the action tracker.</p> <p>Actions:</p> <ul style="list-style-type: none"> • <i>PW to liaise with the Estates and Facilities Department and the Highways Department at Nottinghamshire County Council and establish the timescales with regards to the signage for Newark Hospital.</i> • <i>JY to consider the most appropriate methods of advertising walks in the local area for patients and staff.</i> 	<p>PW</p> <p>JY</p>	<p>02/11/16</p> <p>02/11/16</p>

	<ul style="list-style-type: none"> AH to include a summary update paper relating to the patient story of 28/01/16 in the reading room in the Board of Directors next public meeting. 	AH	02/11/16
16/216	CHAIR'S REPORT		
	<p>The Chair advised that the Single Oversight Framework had recently been released. This framework is a new combined oversight framework from both TDA and NHSI and comes into effect 1st Oct. The Chair advised that agency costs feature high within the document and subsequently, SFHFT received a request for information regarding agency costs and specifically what actions the Board have taken to reduce them.</p> <p>The Chair also advised that Stephen Hay, the Deputy Chief Executive Officer of NHSI and also the Executive Director for Regulation, had requested a telephone conversation to discuss board oversight of organisation performance, although it was not clear which organisation was being referred to. NEDs will be provided with an update following the call.</p> <p>A full CoG meeting was held on the 8th Sep and an update regarding the LTP was provided. The Newark strategy was also discussed and there was a presentation regarding complaints. The CoG decided not to hold an election to fill the vacant position of public governor in Derbyshire, but instead to seek to co-opt an individual on a non-voting basis into that position. The term will coincide with the next set of Governor elections. Sue Holmes has identified a suitable individual and SC is going through the process of their appointment. An announcement will be made next week.</p> <p>Meet your Governor events have been held at Mansfield and KMH and one is scheduled to be held at Newark next week.</p> <p>The Trust's Annual General Meeting was held on 26th September 2016. The Chair noted low attendance although noting that this was not dissimilar to previous years. Further information has been requested to analyse the possible reasons for the low attendances.</p> <p>The Chair was pleased to advise that Newark Volunteers Long Service Awards were to be held at Newark Town Hall on 6th October 2016. 40 individuals will be attending the event having provided 515 years of service to the Trust.</p> <p>The Chair advised that in view of the merger delay, the programme of member events for the Autumn and Winter periods is currently being considered.</p> <p>Actions:</p> <ul style="list-style-type: none"> Chair to circulate the Single Oversight Framework. Chair to update NEDs following the discussion with Stephen Hay. 	LS LS	07/10/16 07/10/16

16/217	MANAGING DIRECTORS REPORT		
	<p>PHr advised that the CQC had formally notified the Trust on the 14th September 2016 of their decision to remove the notice served under Section 29A of the Health and Social Care Act 2008 in August 2015.</p> <p>PHr advised that the draft report following the CQC Inspection in July 2016 was considered by the CQC’s National Quality Review Panel on the 27th September, the findings of which will be received by the Trust in the coming weeks. There will be a window of 10 working days to advise of any factual inaccuracies before the final CQC Report is issued. It is not clear at this stage whether there will be a Quality Summit, although PHr felt it likely that there would be, if the organisation was to be re-rated.</p> <p>PHr advised that the Junior Doctor’s strikes had been suspended and all Trusts had subsequently received letters requesting that certain conditions are satisfied before any Doctor’s contracts are issued. A standard response has been created by NHS Employers that SFHFT will be following to ensure that those conditions are satisfied to avoid any contractual disputes. JB advised that Foundation Trusts could choose not to follow this process but confirmed that SFHFT will be following the national plan. SFHFT will issue the first new Doctor’s contract in December and JB was confident that all necessary preparations would be made well in advance. TR enquired if all other FTs were following the same process. PHm advised that the Association of UK University Hospitals had confirmed that there were currently no FTs intending to deviate from the national plan.</p>		
16/218	LONG TERM PARTNERSHIP		
	<p>PHm advised that a considerable amount of work had been conducted with regards to the merger programme, including what work should cease, what needs to continue and at what pace. A management contract is under development. Discussions with NHSI are being held to develop a tripartite agreement in terms of each of those domains. The completed proposal is expected to be available at the end of October.</p> <p>PHm advised that a Joint Executive Team meeting would be held on Monday and will focus on a number of things including unsustainable services.</p>		
16/219	INTEGRATED PERFORMANCE REPORT		
	<p>Mortality</p> <p>AH advised that June’s HSMR is 90.9. The 12 month rolling HSMR figure is 94. SHMI has shown a reduction to 95.9 and it is the first time in over 5 years that the SHMI has been lower than 100.</p> <p>AH advised that there were no outlying CQC alerts but Acute Kidney Injury (AKI) had been highlighted on the monthly Dr Foster Dashboard Report. A Case Note Review of 50 medical records where AKI had been documented as the primary cause of death had been conducted by the Trust Lead for the Deteriorating Patient. The findings from the Report had been presented to the Mortality Surveillance Group on 4th October. The conclusion was that the majority of these patients were frail elderly and had died with Acute Kidney Injury as opposed to because of it.</p>		

<p>The Q2 Acute Kidney Injury mortality data is less than 100 indicating that this was an anomaly, however a further review of the coding of initial diagnosis has been agreed to ensure that the clinical coding team are able to accurately interpret and code primary diagnosis.</p> <p>AH advised that SFHFT had a zero case month for C-Diff during September which is the first time since July 2012. SFHFT's target YTD is 24, there have been 15 cases within SFHFT YTD.</p> <p>Sepsis / Deteriorating Patient AH advised that SFHFT continues to meet the Sepsis Screening treatment standards of the national Sepsis CQUIN. Both NUH and SFHFT are performing within the top 30 in the country with regards to Sepsis HSMR.</p> <p>Improving the safe use of medicines AH advised that within September 2016 there were 110 DATIX incidents in relation to medicines, 98 of which were associated with low harm and 2 were associated with no harm. For the whole of 2016 YTD, there has been 1 incident of grade 3 harm. All submitted DATIX are monitored daily and those relating to medicines are forwarded to the Trust Medicines Safety Officer. The Medicines Safety Group discuss all harm DATIX with a regular Medicine Management update Report presented to the Patient Safety Quality Board. A Grand Round relating to medicine safety has been scheduled for 19th October 2016. Further awareness in relation to the safety of medicines has been raised via iCare 2, the Safety Bulletin and Newsletters. There is a National CQUIN in relation to Antimicrobial Stewardship and the associated reduction in the use of antimicrobials and an audit is currently underway to ensure compliance with both prescribing and review of antibiotics.</p> <p>AH advised that the EMRAD backlog has been effectively eliminated. The Trust is expected to be back in line with their reporting turnaround times by w/e 14th October 2016. Weekly monitoring will continue and be reported via Divisional Governance routes and an Assurance Report to the Quality Committee via the Patient Safety Quality Board. The Trust has imposed a 5 day turnaround target, which is more challenging than many surrounding Trusts. PHr advised that the CQC had recently written to all EMRAD Trusts regarding backlogs to which SFHFT have responded and are acknowledged to have responded and recovered well.</p> <p>PM stated that the Quality Committee had received assurance with regards to the current HSMR performance. PM felt that good work was underway regarding Deteriorating Patients overall but was concerned about AKI and agreeing Terms of Reference. AH advised that a huge amount of work had been conducted regarding AKI, a good pathway had been developed with the implantation of the DONUTS Bundle of care. AH felt that the issue was more the uptake and making use of the pathways. There have been some staffing issues that are being managed and work is ongoing. SFHFT is a high incident population with expected mortality from Acute Kidney Injury. AH confirmed that monitoring will continue to ensure that pathways are being used. An Acute Kidney Injury Group has been commissioned in conjunction with Renal colleagues from NUH. The AKI Group reports into the Trust Deteriorating Patient Group.</p>		
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	<p>Falls</p> <p>VB advised that there had been an increase in patient falls during August. An investigation has been conducted that shows that the falls were spread throughout the organisation.</p> <p>No specific clusters or causes have been identified, however VB felt that the increase in falls with no harms could potentially be related to rehabilitation pathways, work aimed at mobilising patients and enhanced care.</p> <p>VB advised that SFHFT continue to work extensively internally and also with external colleagues to look forensically at improvements. September's numbers have not yet been validated but appear to show the number of falls has reduced.</p> <p>Safer Staffing For Nurses</p> <p>VB advised that SFHFT continue to comply with national reporting in terms of the newer factors that were identified in the Carter review and also the safer staffing elements of actual and planned care. August's staffing data continues to reflect the challenge of safe staffing with 17 out of the 29 monitored areas requiring additional staffing over their plan to meet patient acuity and dependency. 4 wards identified actual staffing levels significantly lower than planned. Safe staffing issues were escalated and actioned in line with guidance and no unsafe staffing levels were reported.</p> <p>VB stated that work was underway to match some of the outputs from the Carter review including a review of rostering effectiveness and efficiency and methods to ensure that the nursing workforce maintain safety and have the right knowledge, care and skills in the right places at the right times.</p> <p>CW enquired if falls had increased on wards with staffing levels below what had been planned. VB advised that the analysis shows no relationship.</p> <p>TR enquired if the increase in the use of bank and agency staff had contributed to the increased number of falls. VB advised that no relationship had been identified from the investigation.</p> <p>TR enquired if other FT's were experiencing similar problems with increased falls. VB advised that the national data for falls is contained within the national Safety Thermometer. The Safety Thermometer shows that SFHFT is performing well nationally.</p> <p>CW expressed concern regarding hand hygiene compliance in clinical areas. VB advised that for agency staffing, monitoring is conducted by the Infection Control Team who are very stringent. This stringency helps to continuously drive improvement. AH advised that there is a ward accreditation programme that reviews everyone entering the environment over a sustained period of time and specific actions are then issued to improve standards in that area.</p> <p>PM enquired if establishment against need could be plotted on the falls graph within the IPR in addition to planned staffing. VB stated that this could not be included because of the fluidity of patient acuity and dependency.</p>		
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<p>PM enquired if when acuity and dependency is lower, staff are moved to other areas as they are when it is higher. PB confirmed that this is controlled by bed management which identifies any hot spots and staff are moved accordingly.</p> <p>PM enquired if the detailed safer staffing information would be made available to the public. VB advised that the Trust is compliant. A template is used to upload safer staffing information to the Trust’s website which is a requirement of the National Quality Board 2014, however after a recent review it was agreed that the Trust’s web page that displays this information will be updated. The information is also uploaded to NHS Choices on a monthly basis.</p> <p>TR felt it important that any external facing data is very clear and includes appropriate contextual narrative because pure data can lead to misinterpretation and subsequent requests for further information.</p> <p>Cancer</p> <p>RH advised that SFHFT were sustainably achieving 7 out of the 9 cancer standards. The 62 day screening standard was not achieved in July and the forecast indicates that the standard will be achieved in August but not in September. The denominator is very small and relates to very low numbers of around 2 or 3 patients. All breaches were due to patient choice.</p> <p>RH advised that the 62 day standard was not achieved in July. This was mainly due to problems with diagnostics and tertiary providers in terms of capacity for surgical and chemotherapy. August’s failure was attributed to a decrease in the number of patients treated. The forecast indicates that the standard will not be achieved in September. The trajectory was based on achieving a 10 day turnaround time for a number of diagnostic tests which has been challenging, particularly in endoscopy due to an 18% increase in demand in the current financial year. This has impacted on achieving the 62 day standard and the DM01. A detailed analysis of the breach reasons for the 62 day pathway has been requested to facilitate detailed modelling that will provide an accurate trajectory as to when the 62 day standard will be achieved.</p> <p>Four hour wait</p> <p>The target for the 4 hour wait was not achieved in September. The Trust achieved 94.9% having missed the target by 0.1%. 95.16% was achieved in Q2 despite a continued increase in demand. KMH incurred a 14% increase in demand which is coupled with a 26.6% decrease in the numbers passing through PC24. A joint streaming pilot aimed at driving patients through primary care has been initiated. TR suggested that the problems with PC24 were not improving and enquired if the Board could assist to resolve them. RH advised that the pilot had been planned to run for 4 weeks and if successful will continue to run over the winter period. AH advised that both the A & E Delivery Board and the Alliance Leadership Board had items on their agendas to discuss the issues. RH advised that the substantial risks to the organisation, should the A & E attendances fail to reduce, have been raised at the A & E Board. TR stated that the net outcome could impact on achieving the 4 hour target and suggested this be included as a specific item on next month’s board agenda.</p>		
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<p>PM enquired if there were any credible plans to manage demand. PHr suggested that it may be appropriate to look at the Alliance and Vanguard initiatives relating to the expected activity reductions.</p> <p>The Chair stressed the importance of reviewing the robustness and resilience of the proposed two year operational plan because SFHFT's views on future demand are critical to the components of the plan. PR advised that the Planning Guidance requires the Trust to plan within the STP. This year's plan is not consistent with the CCG's plan on activity because assumptions were made by the CCG regarding reduced activity, SFHFT however did not feel that this was achievable. The year to date position proves that activity has not reduced as a result of the actions taken by the Alliance. The Chair felt that it was important to ensure that what is put into the STP is deliverable.</p> <p>PHr advised that in order to meet demand, a business case had been put forward for a 4th endoscopy room that will be self-financing.</p> <p>Referral to Treatment Times RH advised that the RTT target was achieved in August and expects that the target will also be achieved in September.</p> <p>The diagnostic RTT (DMO1) RH advised that the DM01 target will not be achieved in September because of significant constrains within echocardiography where it has not been possible to fill a number of vacancies. Private providers did not have capacity and NUH were unable to offer short term support as they were experiencing similar problems. The proposal to run all three rooms and incorporate weekends and evenings is being considered to alleviate the problem. There is a risk to achieving October but RH expects the target to be achieved in November.</p> <p>Financial Summary PR advised that the overall position remains better than plan. There is a slight surplus within the month of August and a favourable surplus of £600K YTD. The forecast remains on plan for the year end and a risk range has been calculated that is between £13m worse than plan and £4m more favourable than the planned forecast. The capital expenditure programme is behind plan at month 5 but is expected to be back on plan by the year end.</p> <p>PR confirmed that SFHFT's agency cap is an absolute figure and not a percentage. The overall cap for this year is £17.91m. YTD this equates to £8.16m, SFHFT's actual is £12.54m and remains an area of deep concern and one which the Trust have taken many steps to reduce. Agency spend has also attracted significant scrutiny and the Trust has assured NHSI of the steps that have been taken to reduce it. Great strides have been made in terms of the use of agency and the use of tiers 1 and 2, however PR felt that it was the high number of vacancies and shifts that has led to this level of cost which is not only over budget but cap as well. PR advised that a full report of the current position and associated risks was submitted to the Finance Committee and monthly updates will also be provided to the Board.</p>		
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	<p>CW enquired if it had been necessary to make adjustments as a result of the merger delay. PR advised that the regulator had asked for the costs to be re-assessed for the last 6 months of the year as a result of the pause. Early indications show that the impact will be contained within the control total. NG advised that the Finance Committee had agreed to substitute the provision for actual costs. PR advised that estimated costs had previously been reported but from next month, the August in month and year to date position, will reflect the true costs to M5.</p> <p>TR enquired if there would be any slippage with the CIP programme during the transition into the new year. PR advised that the plans that are in place for this year will fill the CIP requirement so the focus is on delivery and removing any associated risk to their delivery.</p> <p>PM stated that S & T Funding of £43k was lost because the cancer target was not achieved and enquired if there were any other targets at risk. PR advised that there were no risks to the funding for Q2 and advised that there is a 1% tolerance in Q2 and a 0.5% tolerance for Q3, therefore a 94.5% delivery of the 4 hour wait will ensure full pay from the S & T fund.</p> <p>RH advised that there is a risk to achieving September’s cancer wait target which will be a further risk to the forecast.</p> <p>Workforce</p> <p>Trust wide sickness absence JB advised that overall sickness levels have reduced to 3.59% against SFHFT’s target of 3.50%. Short term sickness has decreased by 0.28% and long term sickness has increased by 0.07%. There are three divisions below the 3.5% target. Ward based register nurse sickness absence has reduced from 5.42% to 3.85%.</p> <p>Appraisal Trust wide appraisal compliance has increased by 3% to 95%. The Trust appraisal compliance target is 98%.</p> <p>Staff in post JB advised that the gap of ward based nurses had reduced. Of the 42 newly qualified nurses that were due to start, 38 have commenced employment, 2 will commence on 17th Oct, 1 has to re-submit a dissertation and 1 has withdrawn.</p> <p>Pay Spend JB advised that fixed pay has an underspend of £1.52m against budget which offsets some of the agency costs. There is an upward trend of requests however 95% of these requests are being filled with the cheaper agencies. Unregistered nurse requests have increased which is mainly due to an increase in the requests for 1 to 1’s. Work continues to try to reduce the nursing agency spend and the unregistered nurse requests specifically for 1 to 1’s, has been reduced by 17%. Ward based staff have also managed to fill 10% of registered nursing and HCA requests themselves.</p>		
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<p>The reduction in nursing agency requests equates to 366 hours and there is a trend developing in the demand coming down or being solved by other means.</p> <p>Training and Education JB advised that the overall compliance rate for mandatory training has remained static at 90%, the target is 92% with a 2% tolerance.</p> <p>Staff Friends And Family Test JB advised that there had been significant improvement in the two friends and family questions. There had been a 26% improvement in staff who would recommend the Trust to friends and family if they needed care or treatment and a 23% improvement in staff who would recommend the Trust a place to work.</p> <p>NG enquired what steps were being taken to fill the band 5 nursing establishment. JB advised that an open advertisement of recruitment for nurses had been agreed, experts were being brought in to conduct social media campaigns and agencies were being approached for different routes to market with regards to international recruitment for which there was a potential tender.</p> <p>NG enquired if the merger delay had resulted in a positive or negative effect on recruitment. JB advised that there had been very little effect on the retention rates but considered it too early to evaluate. JB did not anticipate a detrimental impact on the recruitment of nurses. PHr advised that people are leaving the Trust in non-clinical areas because they do not see a future. The Trust's Chief Scientist and some operational staff have left. VB advised that there is a national shortage of nurses with well over 1000 band 5 vacancies in the East Midlands alone which is why the work around the HCA's and the band 4 Associate Nurse role is pivotal.</p> <p>RB enquired if checks had been conducted with SFHFT/NUH banks to ensure that staff aren't being paid agency rates at NUH/SFHFT. JB advised that SFHFT manage their own bank staff but NUH use NHS Professionals however NUH and SFHFT's bank pay has recently been aligned. Currently agency nurses aren't permitted to come back to their own Trust as an agency nurse, when the Trust's merge this rule will apply to the combined organisation.</p> <p>TR enquired if JB was confident that SFHFT were doing everything possible to recruit and retain staff. JB advised that it was the degree of impact that was the issue, the problem will not be solved completely as there is a shortage of nurses. With regards to non-medical staff, because jobs may not exist in the combined organisation, it is difficult to attract substantively for admin and management positions, this drives the need to appoint interims. PHr advised that there are 20 posts in non-clinical areas that are being filled on a temporary basis. These posts could be filled substantively and agency costs reduced if SFHFT had the ability to appoint substantively.</p> <p>PM stated that the sickness absence figures show that 1200 days were lost over the month and enquired if action was being taken to identify early, any warning signs relating to anxiety and stress.</p>		
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	<p>Some organisations have mental health first aid trained staff. JB stated that awareness could be raised.</p> <p>Action: OD & Workforce Committee to conduct a deep dive into anxiety and stress and report back to the Board of Directors in December.</p>	CW/JB	07/12/16
16/220	QUALITY IMPROVEMENT PLAN UPDATE		
	<p>EJ advised that of the 287 actions, 229 are embedded with zero actions behind plan. 12 actions were approved as embedded at the Quality Committee in September.</p> <p>EJ presented three blue forms for the Board of Directors consideration:-</p> <p>5. Safety Culture 5.2.1 - Enhance Divisional clinical governance arrangements and appoint to five clinical governance leads</p> <p>6. Timely Access 6.1.7 Establish theatre improvement plan to reduce the down time</p> <p>10. Newark 10.1.2 The Newark Healthy Communities Partnership Group to focus on the development of the strategy with components of the offer from Newark Hospital, together with other elements of health and social care, in the Newark and Sherwood area and clarify and develop proposals for future provision</p> <p>EJ advised that the Oversight Committee had considered closing the programme down but concluded that the new CQC report, which is expected imminently, will inevitably identify actions that need to be anchored.</p> <p>GW felt that it was important to audit the embedded actions to ensure that the improvements are sustained. PHr advised that a 360 audit is underway. EJ advised that key performance indicators are embedded and sensitive enough to alert us quickly should standards slip.</p> <p>RB suggested that the 16 grey actions that were superseded by the LTP be reviewed due to the delay.</p> <p>PHm stated that the progress of the QIP had been very impressive and felt that ambitions should now be reset with the desire to achieve good or outstanding at the next full CQC inspection.</p> <p>The Board of Directors AGREED the Workstream recommendations for embedded actions.</p> <p>The Board of Directors AGREED the Quality recommendations for embedded actions.</p> <p>Action: EJ to provide an explicit report of the 16 grey actions that are contained within the QIP to Novembers Board meeting.</p>	EJ	02/11/16

16/221	WINTER PLAN		
	<p>RH advised that the report explains how SFHFT will respond to increase in surges or service demands during the winter period. A more detailed plan was presented to the Executive Directors on 21st September.</p> <p>RH explained that an evaluation of years 13/14, 14/15 and 15/16 show that ED attendances are increasing year on year. A slight spike occurs in December and a further spike occurs in March. Most noticeable are the ED attendances to admission conversion rates which rise significantly between November and March. Also evident is the patient acuity increases between November and March. If the length of stay targets are achieved as per the CIP, 22 additional beds will be required to manage the increased acuity and increased bed occupancy rates over the winter period. RH proposed that the respiratory assessment unit and the frailty assessment unit, which will support the length of stay plans, be piloted. For ED admission avoidance and length of stay reduction, RH proposed initiatives with minimal cost. Other initiatives include increasing the use of CDU with the expansion of staffing, enhance flow at weekends and by opening the discharge lounge on Saturdays.</p> <p>TR enquired as to the net impact on other services and enquired as to the impact of any blockages created by pharmacy. RH advised that only staffing costs for the discharge lounge would be incurred. There is no indication that pharmacy will create a blockage. The process is implemented on bank holiday's and works very effectively.</p> <p>RH stated that there is a pilot running that increases the nursing presence and includes a paediatric consultant in ED. This initiative is showing a reduction in the number of admissions to ward 25.</p> <p>RH stated that the winter plan also proposes to keep the ward open that has been planned to close as part of the CIP and to help with length of stay reductions. This ward will become the winter ward. The CIP will still be achieved. It is also proposed to open the day surgery unit on a flexible basis at weekends to manage elective capacity.</p> <p>RH advised that the risks associated with plan are system wide actions not being undertaken. There are currently 40 DTOCs and if this number increases then SFHFT will struggle to cope with capacity. ED attendances beyond predictions are also a risk. TR enquired if the PC24 issues had been factored into the plan. RH advised that assumptions that PC24 will not be seeing any additional patients has been included in the plan. The acuity of patients is high and more patients need to be admitted, this is rising year on year because of the demographics. RH advised that in order to mitigate the risks, work with system wide partners was underway. RH advised that the engagement with the CCGs was excellent. The possibility of opening a second 24 bedded ward would need to be considered if some of these risks transpired.</p> <p>RH advised that a much more targeted and specific surge plan was being compiled for Christmas and the New Year as there will be two, four day weekends.</p>		

	<p>RH did not anticipate the need to decrease elective activity outside of this period but felt that it may be necessary to plan to reduce elective activity in the first two weeks of January.</p> <p>PM enquired if the potential impact of flu had been considered. RH advised that SFHFT have a very challenging CQUIN target for staff vaccination. The more detailed plan makes reference to pandemic and describes the plans within each division. PHr felt it important for the Board to continue to promote the flu vaccination to staff within the Trust.</p> <p>TR enquired if RH felt confident with the plan. RH advised that the winter plan had been shared with the CCGs to highlight the consequences of it not being met. Providing everything is implemented to commence at the beginning of November, RH was confident with the plan.</p> <p>PR confirmed that the mitigation of the actions described within the plan are fully consistent with the financial planning and forecasting.</p> <p>The Board complimented RH for presenting an excellent winter plan.</p> <p>Action: Finance Committee to conduct a Deep dive into length of stay.</p>	PR	07/12/16
16/222	SEALING OF DOCUMENTS		
	SC advised that the Trust seal had not been applied during the last quarter.		
16/223	EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE SELF ASSESSMENT AUDIT (EPRR)		
	<p>RH advised that each September NHS Trusts are required to complete a compliance self-assessment against the published EPRR and associated / supporting standards. For September 2016, the audit focuses on 6 separate areas of compliance. SFHFT are fully compliant in 113 and partially compliant in 11 areas. Actions have been taken to ensure compliance in these 11 areas and all are on track.</p> <p>PM stated that these areas were of very high risk and enquired if plans were exercised to ensure they are robust. PW advised that individual exercises are conducted to test various arrangements for business continuity.</p> <p>TR enquired how this was linked to the risk register and asked if there were statutory arrangements. PW advised that there were guidelines to which SFHFT adhere.</p> <p>Action:-</p> <ul style="list-style-type: none"> A report designed to give assurance that business continuity risks outlined in the annual Emergency Preparedness Resilience & Response (EPRR) are being effectively managed and that continuity plans are being regularly tested to ensure they are robust and fit for purpose will be submitted to the Board Risk Committee in due course. <p>The Board of Directors AGREED the submission and NOTED the current performance.</p>	RH/PW	Update 02/11/16

	<p>The Board of Directors NOTED that SFH representatives will attend a planned confirm and challenge meeting with the NHS England Area Team and provide the necessary assurance and evidence to support the self-assessed compliance on 5th October 2016, supported by NUH advisers.</p>		
16/224	<p>ASSURANCE FROM SUB COMMITTEES</p>		
	<ul style="list-style-type: none"> <p>• Board Risk Committee</p> <p>PHr presented the report and advised that SFHFT had received a ‘significant’ assurance rating in the recent internal audit of Risk Management carried out by 360 Assurance.</p> <p>PHr advised that the Board Assurance Framework (BAF) had been reviewed by the Board Risk Committee.</p> <p>• Finance Committee</p> <p>NG advised that the performance YTD is slightly better than plan for the first 5 months of the year and expects the achievement of the control total despite a slight slippage of the cancer standard. The planning guidelines for next year have been issued and NG expects contracts with the CCGs to be signed by Christmas. The control total for the new year will be issued during October.</p> <p>NG advised that confirmation of NHSI’s funding for Nervecentre has not yet been received.</p> <p>• OD & Workforce Committee</p> <p>CW advised that an action had arisen from the Board meeting in September 2016 to review the possibility of aligning Mandatory Training compliance and board reporting with NUH. A paper was received by the OD & Workforce Committee that set out in detail the particular challenges with that course of action given a number of differences between the two Trusts in relation to their approach to mandatory training and reporting. The committee concluded that it was not possible to align with NUH and recommended SFHFT continue as is.</p> <p>• Quality Committee</p> <p>PM advised that AH had presented a paper to outline services that require further consideration, support or reconfiguration. The Quality Committee were assured that the issues and risks relating to the services outlined in the paper are being addressed and that appropriate mitigation and controls are in place to ensure the safety and sustainability of service delivery.</p> <p>PM stated that the Quality Committee agreed that all of the Board’s sub-committee’s terms of reference would be aligned. The Chair suggested that the Governor’s terms of reference should also be aligned.</p> 		

