

**Un-Confirmed MINUTES** of a Public meeting of the Board of Directors held at 11:30 on Wednesday 2<sup>nd</sup> November 2016 in Classroom 1, Level 1, King's Mill Hospital

<b>Present:</b>	Dr Peter Marks	Acting Chair	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
	Ray Dawson	Non – Executive Director	RD
	Peter Herring	Chief Executive	PH
	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
	<b>In Attendance:</b>	Elaine Jeffers	Medical Directors Support
Jo Yeaman		Strategic Communications Lead	JY
Kim Harper		Service Improvement Facilitator	KH
Ben Owens		Clinical Director for Urgent & Emergency Care Division	BO
Joanne Walker		Minute Secretary	JW
<b>Observers:</b>	Elizabeth Gemmill		
	Gordon Gregory		
	Trevor Illsley		
<b>Apologies:</b>	Dr Andrew Haynes	Executive Medical Director	
	Phil Bolton	Deputy Chief Nurse – Professional Lead for Operations	

		Action	Date
16/252	<b>CHAIRS WELCOME AND INTRODUCTION</b>		
	The meeting being quorate, PM declared the meeting open at 11:30 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
16/253	<b>DECLARATIONS OF INTEREST</b>		
	It was CONFIRMED that there were no declarations of interest relating to items on the agenda.		
16/254	<b>APOLOGIES FOR ABSENCE</b>		
	It was CONFIRMED that apologies for absence had been received from Dr Andrew Haynes - Executive Medical Director and Phil Bolton - Deputy Chief Nurse, Professional Lead for Operations.		
16/255	<b>IMPROVING PATIENT FLOW AT SFHFT</b>		
	<p>BO conducted the presentation and advised that in November 2014, SFHFT were the 2nd worst Trust in the Country in achieving the 4 hour target. In January 2015 work began and by March 2015 the 4 hour target was achieved for the first time in six years. For the year 2015/16 the Trust were ranked 19<sup>th</sup> of 136 Trusts and in October 2016 SFHFT were ranked 1<sup>st</sup> in the country despite a 15% increase in ED attendances.</p> <p>BO advised that the 4 hour target is a measure of the systems and not just of ED and the main aim is to improve flow within the system. Three goals were aligned and set for all staff which were Flow, Emergency System and RTT. If these three goals are achieved it will ensure that the hospital is run in the most efficient and sustainable way.</p> <p>BO stated that poor flow during winter will cause the greatest risk to the Trust. If flow is not managed effectively and it is necessary to open an additional ward, additional costs of between £1.2m - £2.0m will be incurred. BO explained the risks associated with poor flow, including risks to quality of care.</p> <p>BO advised that in January 2015 SFHFT had 11,000 occupied bed days for patients admitted longer than 10 days, in 2016 this reduced to 6,834. The average length of stay in 2014/15 was 8 ½ days, it is now 6 ½. The average length of stay was reduced by on average 2 days. In addition 107 beds were closed despite having a higher admission rate. BO advised that re-admissions are now static and the HSMR has reduced from 118 to 90. There were 40/50 operations cancelled two years ago compared to none this year. This shows that SFHFT's performance and mortality have improved despite the closure of 107 beds which is a tremendous achievement.</p> <p>BO advised that the Emergency Flow Steering Group comprises of clinicians, management and support staff from all specialties who are able to work together to align systems and make quicker decisions regarding flow.</p>		

<p>BO stated that the CIP is about being more efficient with length of stay and not about cutting services. The highest cost is staff and staff are required for beds, by taking beds out of the system costs are reduced.</p> <p>BO stated that the main principals are no social admissions in the day and the prevention of silo working. It is important that all staff have the mind-set that we are all responsible for all patients. To convince people that admission is not always the safer option, that it is sometimes safer to treat patients at home and to always do the right thing for patients even if it's hard to do. To ensure that all opinions are made before 5pm and to escalate when things aren't done. If it is made easy for staff to do the right thing by changing processes or removing barriers, then staff will do the right thing.</p> <p>BO advised that if a patient is admitted through an overcrowded ED there is a 43% mortality increase if they are admitted for 10 days or more. 10-20% of muscle strength can be lost per week for admission &gt; 3 days, for an independent frail person kept 1 extra day this can convert a simple discharge into a social care problem. If all clinicians decide to keep 1 patient 1 extra night on all 20 wards KMH will need 1 additional ward.</p> <p>PM stated that this was the most impressive and positive presentation he had seen. The whole system had changed resulting in multiple benefits. All components were working together at the same time which was impressive. PM enquired if BO was presenting this nationally and at conferences.</p> <p>GW stated that this presentation surpassed by miles, any presentation he had seen previously. There were some very good messages and GW felt that it was important to relay these messages to partner organisations.</p> <p>TR felt that it would be useful for Kathy Mclean at NHSI to receive the presentation.</p> <p>BO advised that a version of the presentation had been presented to 40 other Trusts.</p> <p>RD felt that the turnaround within the organisation since 2013/14 was dramatic and enquired how the mind-sets of senior people had been changed. BO stated that the crisis that the Trust was in had forced change and sheer persistence had changed mind-sets. BO stated that most staff within the organisation are still unaware and felt that the messages should be distributed wider as the key challenge is to change everyone's mind-set.</p> <p>RH stated that this had been a cultural shift. The message had been that this is everybody's business and for all staff to understand that they have a role within it. It is the organisation as a whole system.</p> <p>RD enquired if the 4 hour target was the most appropriate methodology for monitoring ED performance. BO advised that he considered the 4 hour target not specific to ED but a measure of the whole system. There are a number of other indicators used to monitor ED performance. The 4 hour target is commonly referred to because it is the one that Trusts are most heavily monitored against.</p>		
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	<p>RH advised that within the Patient Flow Steering Group a number of key indicators are monitored that indicate how effectively flow is.</p> <p>CW stated that it is difficult to make changes when demand is static but considering the 15% increase in demand, this is even more impressive. CW enquired what was being done to influence the public and external partners and asked how the Board of Directors could support this.</p> <p>BO stated that when patients are in hospital for too long it is bad for not only the individual patient but also for other patients and this is a key message. The key goal has to be flow particularly in winter. SFHFT are doing a great job but it is important to convince staff that in order to continue to improve it is necessary to keep changing.</p> <p>JB stated that the staff Engagement Sessions and the induction programme could both be used to raise staff awareness and ensure that everyone understands the importance of flow.</p> <p>PH stated that this is the most impressive transformation he had ever seen. To achieve this with a 15% increase in ED attendances and the closure of over 100 beds is phenomenal. The most important thing is the culture of the organisation and ensuring that everyone knows what their role is. PH advised that the messages will be re-emphasised to staff over the coming months and assured BO that any decisions requiring a timely response would be accommodated by the Board of Directors whenever possible.</p> <p>PH stated that as a standalone organisation SFHFT's strategies will be refreshed.</p> <p>On behalf of the Board of Directors, the Chair conveyed thanks and appreciation to all staff involved for an outstanding achievement.</p> <p><b>Action: Improving Patient Flow presentation to be circulated to Board members.</b></p>	BO	10/11/16
16/256	<b>MINUTES OF THE MEETING HELD ON 2<sup>ND</sup> NOVEMBER 2016</b>		
	Following a review of the minutes of the public meeting held on 2nd November 2016, the Board of Directors APPROVED the minutes as a true and accurate record.		
16/257	<b>MATTERS ARISING / ACTION LOG</b>		
	<p>The Board of Directors AGREED the following: -</p> <p>Action 84 – RB requested the re-circulation of the summary update paper that was issued originally on 19<sup>th</sup> October 2016. This action is now closed and can be removed from the action tracker.</p> <p>Action 16/223 – the Board AGREED that this action will be conducted by the Board Risk Committee in their meeting on 17<sup>th</sup> November 2016.</p>		

	<p>Action 16/221 – PR advised that this will be a presentation of the length of stay workstream at the next Finance Committee meeting. The narrative of this action is to be amended on the tracker.</p> <p>Actions 16/193.3, 16/193.4, 16/194, 16.215.1, 16/216.1, 16/216.2, 16/220, 16.192, 16.225.2, 16.225.3, 16.225.4 were now complete and could be removed from the action tracker.</p>		
16/258	<b>CHAIR’S REPORT</b>		
	<p>PM thanked colleagues for the support they had given since he had been appointed Acting Chair.</p> <p>PM advised that this year’s Staff Excellence Awards were to be held on 3rd November.</p> <p>PM wished to formally record his personal commendation to the Endoscopy Department for achieving re-accreditation from the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy.</p> <p>PM stated that the issue of people smoking whilst on SFHFT’s Estate had been raised at the Annual General Meeting in September. This issue has also been raised many times at Public Board. PM advised that this was a difficult issue to resolve and the Smokefree Group was working with the Communications and Estates Departments. The group are also considering the most appropriate methods of enforcement.</p>		
16/259	<b>CHIEF EXECUTIVES REPORT</b>		
	<p>PH confirmed that Peter Homa and Louise Scull had stepped down from their roles within SFHFT. A clarification email was submitted regarding the status of the merger and staff briefing sessions have clearly stated that neither Trust will be pursuing the merger. SFHFT have tried to assure patients, staff and others that SFHFT are a high performing organisation and in a very good position with their performance. The CQC report that is expected next week will also show that fantastic improvements have been made within quality and safety.</p> <p>PH stated that as a standalone organisation, the Trust will begin to aggressively recruit to the vacant Executive posts and to other posts that are currently being covered by interims.</p> <p>PH advised that over and above the health and operational benefits of protecting staff from flu, the Trust will receive a CQUIN bonus amounting to £0.25m if 75% or more staff are vaccinated. To date 55.2% of staff have been vaccinated, the vaccination programme will continue through January and February 2017.</p> <p>PH advised that a major incident had occurred recently with the Medway PAS system and technical difficulties had seriously affected the booking arrangements for patients resulting in a backlog of more than 3,500 outpatients. PH praised RH, PB, PW and staff across the Trust for their extraordinary effort to cope under difficult circumstances. Their swift and effective action greatly reduced the impact of this incident.</p>		

	<p>PH advised that Lincolnshire hospitals had recently been subject to severe cyber attacks and as such, SFHFT's vulnerability to any such potential attacks is now being reviewed.</p> <p>PH thanked RH and acknowledged her expert leadership during her first month as Acting Chief Operating Officer.</p>		
16/260	<b>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</b>		
	<p>SC advised that the NHSI Single Oversight Framework was introduced on 1st October 2016. The format of the new proposed IPR includes some dashboard and trends that incorporates the performance measures that NHSI will monitor, although NHSI will obtain this information from external sources. SC stated that it is important to ensure that SFHFT are reporting on the same basis as NHSI.</p> <p>SC presented the first iteration of the new proposed IPR and invited colleagues to comment.</p> <p>PH advised that this format will be used for future IPR's because this is the basis that the Trust will be assessed by NHSI under the new framework. NHSI have put each organisation into segments, segment 4 being the worst and segment 1 being the best. SFHFT have been put into segment 4 due to being under special measures, however if special measures are lifted next week SFHFT may be moved into either segment 3 or possibly segment 2.</p> <p><b>Mortality</b></p> <p>VB advised that SFHFT have continued to sustain a positive HSMR performance for over a year. The specific focus of the Mortality Surveillance Group over the past few months has been around strengthening the assurance processes.</p> <p>VB advised that following Dr Foster intelligence, work had been conducted regarding acute kidney injury (AKI). SFHFT's audit and case note reviews have identified that the increases within the Trust relate to patients dying with AKI as opposed to dying as a consequence of AKI.</p> <p><b>Sepsis / Deteriorating Patient</b></p> <p>VB advised that a lot of work had been conducted to improve the governance of the Deteriorating Patient Group (DPG) and those operational groups that report into the DPG. Work to recognise and respond to deteriorating patients is progressing. Effective systems and processes have been implemented within the Divisions both in terms of their attendance at meetings and also reporting and understanding some of the risks within their workstreams.</p> <p>VB confirmed that improvements around Sepsis continued and a report had just been submitted to the CCG confirming that SFHFT had met all parameters for the Q2 CQUIN for sepsis.</p> <p>VB advised that a roll out programme of resuscitation trollies for all adult areas had been conducted last year. This programme had a very positive impact on SFHFT's ability to respond in those emergency situations.</p>		

	<p>VB advised that a similar programme is being conducted within paediatrics and will be complete by December 2016.</p> <p><b>Improving the safe use of medicines</b> VB advised that SFHFT have an extensive medicines optimisation programme. The key work undertaken last month was the roll out of guard rails around IV and the administration of medication. The pump mechanisms now have automated parameters set into them which eradicate the human factor elements in terms of administration.</p> <p><b>Falls</b> VB had reported an increase in the number of falls to the Board of Directors last month and was pleased to confirm that the number of falls has now reduced back down to the expected level. Work continues to reduce all falls with harm but particularly those of level 3 and level 4.</p> <p>VB advised that a graph from the National Safety Thermometer had been included within this month's report. The graph shows that SFHFT's median is 0.33 whereas the national median is 0.53 thus assuring that SFHFT are performing very well nationally around falls.</p> <p><b>Hand Hygiene</b> VB confirmed that work has been escalated to Divisions with a clear expectation that they drive up performance against hand hygiene compliance to ensure that all staff groups are acquiescent.</p> <p><b>Safer Staffing For Nurses</b> VB advised that as a response to the National Quality Board Initiative, this month's deep dive into the ongoing acuity and dependency of patients shows that acuity is increasing within SFHFT but the most challenging area for the organisation is the increase in patient dependency. This is patients needing enhanced observations and 1 to 1 care who have a level of dementia or frailty.</p> <p>VB stated that whilst the increase in patient dependency was identified in the 6 monthly acuity and dependency review, it is also reflected in the monthly review of planned against real staffing requirements which identified that nineteen out of the twenty nine monitored areas required additional staffing over their plan to meet patient acuity and dependency. This increase was predominantly related to an increase in patient dependency, particularly those requiring enhanced observations.</p> <p>PW stated that one of the advantages of having visibility of the dashboard and balanced scorecards is that the lower ratio that SFHFT shows for emergency readmissions within 28 days is a very positive thing. In terms of flow this ratio is sometimes an indicator that where length of stay is being driven down, an adverse reaction can potentially develop. If patients are being discharging sooner and not necessarily with the same degree of security, they can then return to hospital but SFHFT's low ratio of below 100 shows a very positive element in relation to flow.</p>		
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<p><b>Cancer</b> RH advised that SFHFT had achieved 8 out of the 9 cancer standards in August. As identified as a risk at last month’s Board meeting, SFHFT did not achieve the 62 day referral to treatment time in August which was primarily due to the number of patients treated with cancer resulting in a reduced denominator. RH advised that there is now a risk to achieving this target in September and there is a significant risk to achieving it in October, primarily due to diagnostics capacity and the additional impact due to the power outage last week having an effect on our ability to carry out some endoscopy sessions.</p> <p>RH advised of a further significant risk arising from a 28 day machinery replacement requirement. External providers including NUH have been approached but are unable to help with the decontamination of scopes during this period. Plans to mitigate the impact of this disruption are being developed and RH will provide a further update regarding the impact that this will have on endoscopy. RH advised that this issue will have a potential impact on SFHFT achieving the DM01 target.</p> <p><b>Four hour wait</b> RH advised that the Trust achieved 25 days out of the month in October, 96.01% which is a fantastic achievement. In September the target was missed by 0.01% but it was achieved for Q2.</p> <p>RH advised that the streaming pilot is having an effect. PC24 saw an additional 199 patients in primary care in comparison to those in September which is a significant increase.</p> <p><b>Referral to Treatment Times</b> RH advised that the RTT target was achieved in September and is on track to achieve in October.</p> <p><b>The diagnostic RTT (DMO1)</b> RH advised that there is now a significant risk to achieving the DM01 target in November. Staff have been clearing a backlog of echo diagnostics and initiatives including evening lists that have been initiated to help to systematically clear this backlog but significant staff vacancies have hindered the progress. There is a significant risk in endoscopy.</p> <p>RH advised that outpatient cancellations are still low, SFHFT’s DNA rates for September are 7.61 compared to 8.71 nationally. Yesterday the Trust was at 7% which is excellent. The new to follow up ratio is below the national average. Cancelled inpatient operations are 0.6% and remains below the target of 0.8%. Theatre utilisation performance remains good at 85% compared with September 2015 which was 72.4%.</p> <p>PM formally acknowledged the improvement of the outpatient figures compared to those 18 months ago.</p> <p><b>Financial Summary</b> PR advised that the financial performance against plan remains strong six months into the financial year.</p>		
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<p>PR advised that the regulator has now agreed the costs that are being applied to SFHFT’s control total in respect of the LTP. SFHFT are now reporting actuals in respect of these costs.</p> <p>PR advised that SFHFT’s income and expenditure position for month 6 is that the operating expenditure for September is £40k better than plan and YTD £660k better than plan. The Trust remains on plan to achieve the year end forecast.</p> <p>The capital expenditure position was ahead of plan in September with an in month spend of £1.60m. Cumulatively capex is now £0.70m behind YTD plan although forecast to deliver to plan at year end.</p> <p>CIP delivery YTD is £5.90m against the plan of £4.76m. In order to achieve the full year plan, PR advised that the Trust are required to deliver all the current schemes and identified the risks as failing to conduct the planned closure of the stroke beds over the next month and the opening of additional bed capacity during the winter period. If all plans are delivered then the full CIP plan will be achieved for this year and the forecast achievement of the control total is dependent on this. PR advised that there is a non-recurrent element to the CIP delivery forecast of £2.2m. £2.2m is therefore being built into the CIP planning for 17/18.</p> <p>PR advised that divisional forecasts were worsening. PR is meeting each DGM to review their forecasts and will report the results of those meetings to the Finance Committee.</p> <p>PH enquired if the control total for the strategic partnership costs will be reduced now that the merger is not proceeding. PR confirmed that the original strategic partnership control total was for the period April 2016 to September 2016 and most activity has already taken place, PR did not expect the control total to reduce.</p> <p>TR felt that the new format of the IPR was much better and provided much more oversight.</p> <p><b>Workforce</b></p> <p><b>Sickness</b></p> <p>JB advised that sickness for September was 3.65% which is a very marginal increase from August which was 3.59%. The graph within the report has been adjusted to show absence rates over a 13 month period and indicates that September 2016 is better than that of September 2015. The graph also shows the trend line going down and that absence spikes in the winter which is why it is important to continue to control absence particularly with the addition of winter pressures. JB was pleased to confirm that three divisions are delivering below the target.</p> <p>JB advised that sickness within the ancillary staff group continues to rise but explained that ancillary staff are a small staff group and figures can be affected by just a few members of staff. More concerning is the rise in sickness within the unregistered nursing group because this is a much larger workforce group.</p>		
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<p>HR Business Partners are monitoring sickness within the unregistered nurse group.</p> <p>JB advised that band 5 registered nurse sickness absence has once again decreased in September 2016 to 2.61%.</p> <p>PH requested that letters of congratulations be sent to the areas within the Trust that achieved 0% sickness.</p> <p><b>Action: Letters of congratulations to be sent to all areas achieving 0% sickness.</b></p>	<p>JB</p>	<p>30/11/16</p>
<p>PH enquired if there was targeted work underway regarding sickness absence within the Women &amp; Children division. JB advised that the HR Business Partner will be working very closely with the Division.</p> <p><b>Action: JB to perform a drill down into the Division of Women &amp; Children to establish why sickness has increased and confirm if this is short term or long term sickness absence.</b></p> <p>GW suggested that the flu vaccination be promoted more within the Trust to encourage staff to participate.</p> <p><b>Appraisal</b> JB advised that there had been a slight fall in appraisal levels from 95% to 93%, although this is still a relatively high percentage. The number of renewals are included within the report each month and this month's data indicates that D &amp; O have a high number of renewals due this month. JB stated that low renewals required in a month were concerning because it means that there will be a lot of months with high number of appraisals becoming due.</p> <p><b>Staff in post</b> JB confirmed that the net position of staff in post against establishment referred to within the report was for September and not for August.</p> <p>JB advised that the band 5 nursing vacancies have been reviewed because most Trusts keep a margin of establishment unfilled for substantive appointments on nursing rotas which enables the budget to be available to fill short term absence demand. If the establishment is completely staffed there is no remaining budget to cover short term absences. JB advised that a 5% margin has now been included within the band 5 nursing establishment which has reduced the vacancies to 137 band 5 nurses. JB anticipates that staff in post within nursing will be increased over the next year and advised that achieving the right degree of establishment will be challenging. It is recognised that the new starters and student nurses that commenced in September and October are not fully functional within the full staffing numbers so the impact on demand for agency is not yet being seen.</p> <p>JB advised that there is a standing open nursing advertisement and in addition there will be a big nursing recruitment campaign prior to and after Christmas.</p>	<p>JB</p>	<p>30/11/16</p>

	<p>A tender for overseas recruitment has been issued to agencies requesting proposals and their suggestions of countries to target.</p> <p>Bank and agency requests for nursing and unregistered nurses has slightly increased. For RN requests, JB confirmed that 95% were being filled with cheaper tiers. The implementation of the tiers process has been a real turnaround since it was implemented in August 2016. There has been a slight reduction in requests for HCA's which are being filled within the NHSI cap.</p> <p>JB advised that mandatory training had slightly improved by 1% to 91%, most divisions have increased their compliance in month.</p> <p>PH stated that the Trust have been over stating the nursing vacancy gap by 5% and felt that this was important from an external perspective. PH stated that in the previous two Trust's he had been involved in, the 5% margin had been applied to the nursing establishment and PH felt that it was an important change despite there still being a significant number of vacancies.</p> <p>VB advised that no areas escalated unsafe staffing levels last month so the high vacancy level is not having a negative impact on quality of care.</p> <p>JB confirmed that vacancies were being actively managed.</p> <p>Now that the merger is not proceeding, NG enquired as to the impact on recruitment as it was considered that the merger would have a big impact in plugging the recruitment gap. JB stated that the real impact was considered to be on joint consultant appointments which will still be going ahead in some specialties. It was not considered that the merger would deliver any more nurses as NUH are not up to establishment and also have gaps they can't fill. Although some areas overlap, SFHFT and NUH do have slightly different catchment areas. JB confirmed that where open days and recruitment initiatives can be conducted jointly with NUH, they will continue to do so.</p> <p>PH confirmed that SFHFT will continue to work strategically in partnership with NUH where it is mutually beneficial.</p> <p>PH queried the number of breaches regarding the 28 day readmission guarantee. PH enquired if the 20% should actually read 20 patients.</p> <p><b>Action: RH to clarify the number of breaches for the 28 day readmission guarantee.</b></p> <p>The Board AGREED that the format of the new IPR was much better.</p>	RH	30/11/16
16/261	<b>QUALITY IMPROVEMENT PLAN UPDATE</b>		
	<p>EJ presented the report and advised that the outstanding actions that are left over are more challenging to complete now that the merger is no longer proceeding. From the October cycle there are 44 actions that are still actively being pursued in addition to 8 grey actions that have been converted to green.</p>		

	<p>EJ was asked to review the 16 grey actions that had previously been agreed would be superseded by the LTP.</p> <p>Following 1 to 1 Confirm &amp; Challenge meetings EJ advised that it was determined that 8 of the grey actions can now actively be pursued and have therefore been reverted to green actions. There are 8 actions that have been determined as not being pursued as specific actions.</p> <p>PH advised that due to the recent changes with the merger no longer proceeding, some of the 8 remaining grey actions may now need to be reconsidered as they are now very relevant. As part of the planning process going forward SFHFT's vision and strategy will need to be refreshed.</p> <p>EJ stated that the Trust will naturally move forward with the 5 actions within the Leadership Programme and recommended that they are not turned back into actions for the programme.</p> <p>RB enquired how the focus will be maintained. EJ advised that a proposal of the QIP going forward will be presented to the Board of Directors in December 2016.</p> <p>TR suggested that the new programme should be called a Continuous Improvement Programme as opposed to a Quality Improvement Programme. EJ advised that the programme will be a Quality Improvement Plan for the organisation but it needed to encompass all the improvement work that is happening across the organisation.</p> <p>PH confirmed that this is the last time that the Board of Directors will see the QIP in its current form and advised that the programme will need to be revitalised and a proposal of how the Trust will conduct quality improvement going forward submitted to the Board of Directors.</p> <p>EJ now has the characteristics of 'outstanding' and advised that this is what the new programme will be working towards. EJ felt that the organisation trusted the QIP and liked its current format. EJ stated that the QIP had been affective and had made the difference.</p> <p>The Board of Directors APPROVED the updated Quality Improvement Plan (version 10.6.1).</p> <p>The Board of Directors APPROVED the Workstream recommendations for embedded actions.</p>		
16/262	<b>ASSURANCE FROM SUB COMMITTEES</b>		
	<ul style="list-style-type: none"> <li> <b>Board Risk Committee</b>            PH presented the report and advised of a potential significant risk that was highlighted to the Committee in relation to the WinPath IT system. PR advised that there was a delay in this risk being highlighted by NHS to SFHFT and therefore the question of how effective the communication of risks contained within NHIS's own risk register with SFHFT's risk register was raised.         </li> </ul>		

	<p>The Director of NHIS is to be invited to the next meeting of the Committee to provide assurance as to the effectiveness of processes in place to manage business critical IT system risks.</p> <ul style="list-style-type: none"> <li> <b>Charitable Funds Committee</b>            TR presented the report and advised of the successful launch of the Community Involvement E-bulletin which provides the latest news on charitable funds, fundraising, community events and voluntary services.         </li> </ul> <p>TR advised that the focus of the Committee going forward is to become more pro-active with appeals and fund raising and to link this work with strategic delivery, the two year plan and capital planning. The Committee’s aim is to be more proactive and less reactive going forward.</p> <ul style="list-style-type: none"> <li> <b>Finance Committee</b>            NG presented the report and advised that in light of earlier discussions, the Committee will now have a way to proceed with regards to accepting the control total for next year.         </li> </ul> <p>NG stated that agency staff spend is of significant focus across the sector and enquired if the Board of Directors required the Finance Committee or the Board of Directors to monitor this directly. PH felt that in view of the national focus, the Board of Directors should monitor agency spend and requested that the Finance Committee conduct detailed analysis.</p> <p>An error was noted on page 2 of the report which read ‘22017’ and should have read ‘2017’.</p> <p>NG assured the Board of Directors that the committee had considered principle risk 4 (finance) and received assurance on the actions and mitigations in place to minimise the risk.</p> <ul style="list-style-type: none"> <li> <b>Quality Committee</b>            PM presented the report and advised that the Committee had received both the Annual Infection, Prevention &amp; Control Report and the Annual Complaints Report on behalf of the Board of Directors. The Committee were assured by both annual reports.         </li> </ul> <p>PM highlighted to the Board of Directors an issue with the Drugs &amp; Alcohol Service. This service is not provided by SFHFT and PM advised that there is a potential issue with Commissioners which does impact on SFHFT as at times there is a lack of availability of this service.</p> <p>PM also highlighted a risk in relation to the laboratory server and advised that a further update will be provided following the BI + IT Board.</p> <p>The Board of Directors NOTED the contents of the reports.</p>		
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16/263	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
	<p>The Board of Directors AGREED the following communications:-</p> <ul style="list-style-type: none"> <li>• Governors to be informed of the transformation and A &amp; E performance.</li> <li>• Messages of assurance to staff regarding SFHFT's position subsequent to the announcement that NUH and SFHFT will no longer merge.</li> <li>• Notification to be made to staff that SFHFT are now able to recruit to substantive posts.</li> <li>• QIP progress update to staff.</li> </ul> <p>JY confirmed that NHSI had requested that SFHFT are referred to as a 'Stand Alone Organisation' and not a 'Sovereign Organisation'.</p>		
16/264	<b>ANY OTHER BUSINESS</b>		
	<p>The Board of Directors formally acknowledged the success of the Learning Disabilities project as identified in the Patient Story regarding challenging behaviour that was presented to the Board of Directors on 5<sup>th</sup> October 2016 and thanked all those involved.</p> <p>PC24 streaming pilot - RH advised that an evaluation of the pilot will be presented to the Board of Directors on 30<sup>th</sup> November.</p> <p><b>Action: PC24 Streaming Pilot to be added to the agenda of the Board of Directors meeting in Public on 30<sup>th</sup> November 2016.</b></p>	SC	30/11/16
16/265	<b>DATE OF NEXT MEETING</b>		
	It was CONFIRMED that the next meeting of the Board of Directors would be held on 30 <sup>th</sup> November 2016 at 13:25 in the Boardroom, Level 1, King's Mill Hospital.		
	There being no further business the Chair declared the meeting closed 13:00.		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.		
	<p><b>Dr Peter Marks</b> <b>Acting Chair</b></p> <p style="text-align: right;"><b>Date</b></p>		