

Un-Confirmed MINUTES of a Public meeting of the Board of Directors held at 12:30 on Wednesday 30th November 2016 in Classroom 1, Level 1, King's Mill Hospital

Present:	Dr Peter Marks	Acting Chair	PM
	Tim Reddish	Non – Executive Director	TR
	Ruby Beech	Non – Executive Director	RB
	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	Director of HR & OD	JB
	Dr Andrew Haynes	Executive Medical Director	AH
	Roz Howie	Acting Chief Operating Officer	RH
	Barbara Beal	Chief Nurse	BB
	Jo Yeaman	Director of Communications	JY
	In Attendance:	Adam Hayward	Matron – HCOP and Stroke
Emma Mutimer		Divisional Patient Experience Lead	EM
Elaine Jeffers		Medical Directors Support	EJ
Joanne Walker		Minute Secretary	JW
Observers:	David Parker	Newark Advertiser	DP
Apologies:	Neal Gossage	Non – Executive Director	

		Action	Date
16/278	CHAIRS WELCOME AND INTRODUCTION		
	The meeting being quorate, PM declared the meeting open at 12:35 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
16/279	DECLARATIONS OF INTEREST		
	It was CONFIRMED that there were no declarations of interest relating to items on the agenda.		
16/280	APOLOGIES FOR ABSENCE		
	It was CONFIRMED that apologies for absence had been received from Neal Gossage – Non-Executive Director.		
16/281	PATIENT STORY		
	<p>AHW conducted the presentation advising that the story related to two patients.</p> <p>AHW read to the Board of Directors a letter that had been recently received by Sir Mike Richards – Chief Inspector of Hospitals, Care Quality Commission from a relative of a patient who had recently visited KMH. The author of the letter was himself a senior doctor who claimed to know what good care looked like. The letter thanked staff within the Trust for their compassion and professionalism and stated that their relative had been very well cared for and his family had been given the upmost help and consideration during what was a very difficult time for them with staff going out of their way to ensure the family understood the situation. The letter was very complimentary and was shared with the ward staff and through speciality and medicine governance.</p> <p>AHW advised that this wasn't always the case and began to tell the story of Patient B (Mr B).</p> <p>Mr B was admitted to hospital by ambulance in September 2016 and was known to have decompensated liver disease and Hepatocellular carcinoma and was in the list to have a liver transplant. Mrs B was advised that her husband would be transferred to Ward 22 (Gastroenterology), however he was transferred to the Stroke Unit as the bed on Ward 22 was no longer available. Mr B's health deteriorated and he sadly died on the Stroke Unit. Mr B's wife raised concerns relating to his care and felt that her husband was "robbed of a dignified death" and was treated differently due to his liver condition. A local resolution meeting was conducted with the family in November 2016.</p> <p>As a result of this experience a number of actions were implemented. The patient story was shared at the Medicine Clinical Governance Meeting and Senior End of Life Champions were informed of the issues raised to ensure the care being provided is appropriate.</p>		

	<p>TR enquired of the outcome of the reconciliation meeting. EM advised that Mrs B appreciated the assurances and apologies that we had given to her but her aim was to ensure that no other family encountered such an experience. EM advised that despite Mrs B's experience, she had been very complimentary to some members of staff.</p> <p>TR enquired how confident AHW was that this situation would not recur. AHW was highly confident.</p> <p>PM enquired how this learning had been disseminated across the Trust and asked how confident AHW was that a similar experience would not be encountered on a different ward. AHW was confident and advised that members of the palliative care team had been involved in the improvements. Throughout the organisation there are 73 end of life champions who have conducted a 2 day end of life specialist intervention training programme and all staff have conducted an awareness programme.</p> <p>AH enquired if the liver team had been involved in the senior care discussions in the care of patient B. AHW advised that they had not. Learning points were identified in the subsequent work relating to the detailed quality of the discussions from the medics and the awareness and practices.</p> <p>BB advised of her intention to understand how decisions are made to locate patients on particular wards and how this plan is then followed up.</p> <p>BB advised that a follow up will be conducted with PET and the Head of Nursing to consider how such stories can be shared across the nursing and midwifery workforce.</p> <p>RD enquired how a patient would differentiate between agency and Trust staff. AHW advised that other than a slightly different uniform, there should be no noticeable difference. If standards fall below that expected then there is a robust process in place and concerns are raised with the Clinical or Governance Lead for that agency to raise the standards.</p> <p>JY confirmed that patient stories are now shared with staff in the Weekly Bulletin.</p> <p>TR enquired if positive and negative experiences are shared with Graduates as they join the Trust. EM advised that PET do attend monthly inductions and share experiences. TR suggested that such experiences be share with agencies to raise their awareness.</p> <p>PM enquired if a more proactive approach had been considered whereby relatives can raise concerns at the time of the concern as opposed to retrospectively . AHW felt that patient feedback on devices will make a big difference as it can be left anonymously.</p>		
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16/282	MINUTES OF THE MEETING HELD ON 2ND NOVEMBER 2016		
	Following a review of the minutes of the public meeting held on 30 th November 2016, the Board of Directors APPROVED the minutes as a true and accurate record.		
16/283	MATTERS ARISING / ACTION LOG		
	The Board of Directors AGREED the following: - Actions 16/165.1, 16/213, 16/219, 16/221, 16/255, 16/260.1, 16/260.2, 16/260.3, 16/263.1, 16/263.2, 16/263.3, 16/263.4 were now complete and could be removed from the action tracker.		
16/284	CHAIR'S REPORT		
	PM presented the report and advised that the Staff Excellence Awards had been a successful and enjoyable event with some very deserving winners. The Board of Directors congratulated all winners and all individuals who were shortlisted and nominated. PM advised that awards had also been presented to volunteers at the Long Service Awards and commended all volunteers for their huge contribution to the Trust. PM advised that during recent visits to Newark Hospital the increased activity was apparent which was pleasing to see. PM stated that the recent Organ Donation Campaign had been very successful having acquired a 20% increase in local registrations. The Board of Directors NOTED the report.		
16/285	CHIEF EXECUTIVES REPORT		
	PH presented the report and advised that the major change within the CQC report was that SFHFT had been rerated 'good' in safety which is two ratings higher than the original rating of 'inadequate'. PH stated that this was the greatest achievement. For 'well led' the Trust still 'requires improvement' and this rating reflects the need to fully embed and sustain the systems and processes that have been implemented over the past year. The CQC require time to ensure that this is fully embedded and will form part of their full inspection next year. SFHFT are rated 'good' on safety and caring and overall 'requires improvement'. PH advised that 70% of all Trusts in the Country are rated 'requires improvement' but SFHFT's aim and focus is to become 'outstanding'. PH advised that the CQC report was positive and NHSI have now officially removed SFHFT from special measures which is a big morale boost for staff.		

	<p>PH advised that with the removal from special measures and the decision not to pursue a merger, the Trust are now in a position to recruit substantively to some key senior leadership posts. JB has been substantively appointed as Director of HR and BB has been appointed as Interim Chief Nurse until a future Chief Nurse can be identified.</p> <p>Advertisements have been placed in the Health Service Journal for later this week to substantively recruit a Chair, Chief Executive and Chief Operating Officer. Appointments for these three roles are anticipated to be concluded within the next six months, with the Chair scheduled for appointment by the Council of Governors in early February to enable engagement in the CEO's appointment in early March. Divisional management vacancies and a number of other interim posts will also be filled imminently in order to provide substantive leadership going forward but also to ensure agency costs are minimised in accordance with NHSI's requirements.</p> <p>PH advised that the Nottinghamshire Sustainability and Transformation Plan was recently published and SFHFT are taking an active role in the programme. PH is a member of the STP Programme Executive, AH is the Chair of the Clinical Reference Group and PW is a member of the STP Programme Delivery Group .</p> <p>PH advised that following the recent cyber-attack at Northern Lincolnshire and Goole NHS Foundation Trust, Nottinghamshire Health Informatics Service (NHIS), were asked to provide assurance they have taken all appropriate measures to protect SFHFT from similar attacks. PH confirmed that he was assured by their response which will be formally reviewed by the Board Risk Committee at the next meeting. PH stated that the organisation will always be susceptible to spoof emails and campaigns to raise staff awareness have been initiated.</p> <p>TR enquired if staff feedback had been positive with regards to the recent interactions and communications of SFHFT aiming to become rated 'outstanding'. PH advised that staff feedback had been extremely positive with staff sharing the vision of SFHFT becoming an outstanding Trust.</p> <p>BB advised that during her visits to the wards all feedback had been very positive and all areas have demonstrated their pleasure and excitement. BB stated that the positivity was palpable.</p> <p>The Board of Directors NOTED the report.</p>		
16/286	SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT		
	<p>PH presented the report and advised that the Executive Directors had recently agreed to implement a rag rating system to the dashboard. Further work is underway to determine the thresholds for the system.</p> <p>AH advised that mortality remains positive. The HSMR and SHMI position for the Trust remain within the expected normal range. The rolling HSMR for July 2015 – June 2016 is 94 which is statistically significantly better than expected and demonstrates that the improved position has been sustained over a number of months.</p>		

	<p>It should be noted that the SHMI has shown a reduction to 95.9 for the period April 2015 – March 2016 which demonstrates that the Trust is performing better than average nationally.</p> <p>AH advised that for the deteriorating patients group, the Trust Mortality Surveillance Group (MSG) is now well established within the Trust’s overall Governance Framework. SFHFT were in a position of looking back three months but are now looking forward to cases identified on a real time basis. Half of all deaths that occur in the Trust are now being reviewed with the national tool which is designed to identify cases where there may be avoidable factors, not necessarily avoidable deaths.</p> <p>All level 2 cases are discussed at the Mortality Surveillance Group which is a good opportunity to aid learning.</p> <p>AH advised that sepsis performance remains strong with screening rates both in admission areas and on ward areas above 90% which is the target that Sepsis NICE Guidance has set for March 2017, SFHFT are already achieving this target. Of patients who are septic SFHFT are delivering the Sepsis Six Care Bundle to ensure the best outcomes and this is contributing to the sepsis mortality which is consistently below 100. SFHFT continue to be amongst the top 30 performing Trust’s in the country.</p> <p>AH advised that three years ago SFHFT’s cardiac arrest rate was 4.8 per thousand admissions, this has significantly reduced to 3.8 per thousand admissions which is within the national average and reflects the work done around deteriorating patients.</p> <p>For medicine safety AH advised that a lot of work has been done. Data on SFHFT’s performance both locally and nationally remains strong and the Trust are now a high reporting low harm environment for medicine safety which is very strong position to be in. Work has been conducted to ensure the quality of the data which continues to be monitored through the Quality Committee. There have been no medication never events reported from April 2015 to present day which is a very positive position.</p> <p>AH advised that two years ago C-Diff cases were occurring more frequently than every seven days. In 2014/15 there were 67 cases and in 2015/16 there were 45 cases. SFHFT have encountered 1 case per month for the last three months with a total of 17 cases so far this year, the target is 48 and the Trust is therefore well on track to achieve under target. AH advised that this improvement reflects the substantial work that has been conducted by the Infection Control Team.</p> <p>PM stated that these are three of the top quality priorities and it is evident that there has been good and sustained progress, particularly with regards to mortality and deteriorating patients which is an incredible performance.</p> <p>PM assured the Board of Directors that a very detailed paper regarding medicine safety was presented to the Quality Committee which provided the Committee with a high level of assurance.</p>		
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<p>TR requested that all reports that are submitted to the Board of Directors are updated to reflect when papers have been submitted to various Committees, are up to date and do not reflect that they will be presented to a meeting that has already occurred.</p> <p>BB advised that within the National Safety Thermometer there are a number of safety priorities of quality outcomes of which falls is one. BB advised that falls within the Trust increased slightly in August to 100 but in September the number of falls had reduced to 84 which demonstrates a noticeable reduction. There were 72 no harm falls, 12 low harm and zero moderate or severe falls reported in September.</p> <p>BB advised that the falls nurse has conducted significant work and implemented a number of interventions with nurses in the divisions and at ward level and has recently been nominated for an award with the Nursing Standards for initiating a 'falls grab bag' that helps to mitigate patients from falling.</p> <p>The Board of Directors formally congratulated Jo Lewis-Hodgkinson - Falls Nurse for her award nomination.</p> <p>BB advised that the Trust achieved 99% hand hygiene compliance in September and annual training compliance of all staff was 93% which shows an improvement across all staff groups.</p> <p>BB advised that SFHFT has a statutory duty to publish safer staffing data on the website so that it is visible to members of the public. October's staffing data continues to reflect the challenge of ensuring optimum safe staffing levels in response to fluctuating patient acuity and dependency with a challenging vacancy position. However the balance between planned and actual staffing this month is much closer with a slight reduction in staffing levels.</p> <p>BB advised that the Trust has fully recruited to the HCA vacancies within the virtual ward with 31 individuals planned to commence in HCA posts in January 2017. For the third consecutive month the Registered Nurse attrition rate has been successfully below 1.3%, this should improve quality and safety and reduce staffing costs. BB advised the Board of Directors of her intention to further strengthen the safer staffing reporting, particularly with regards to exceptions and highlights.</p> <p>PM stated that last month's report referred to falls with harm and this month the report relates to all falls and in order to compare, it would be helpful to be consistent and to include the national average of falls per 1000 occupied bed days within the report. BB stated that both falls with harm and all falls will be detailed in future reports.</p> <p>SC advised that the style of the report is new and is being developed to become an exception style report which has been through the Trust's governance processes before it is presented to the Board of Directors. SC requested feedback and suggestions to help to perfect the report.</p>		
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	<p>PM stated that the Venous Thromboembolism (VTE) graph within the report indicates that the Trust's performance is going down. BB advised that the safety thermometer measures need to be in one integral place and work is underway to refine this part of the report.</p> <p>RH advised that 8 of the 9 cancer standards were achieved in September. The 62 day referral to treatment standard was not achieved in September. The 62 day standard and 62 day screening standard has not been achieved in Q2. The Trust only treat circa 12 patients in this area and all breaches related to patient choice as opposed to influences within the Trust.</p> <p>RH advised that a detailed analysis has been conducted for the breach reasons regarding the 62 day standard and the main breach reasons have been identified as diagnostic turnaround times and patients requiring treatment in the tertiary centres. Detailed conversations have been held with Derby Teaching Hospitals NHS Foundation Trust to pool some patients and the number of patients that breach for urological reasons is beginning to reduce.</p> <p>RH is working with the Head of Cancer to review escalations within the divisions and the ownership that the divisions are taking with the cancer standard and those patients specifically. RH advised that some of the detailed work and actions around diagnostics will start to show progress against the cancer 62 day standard.</p> <p>RH advised that the Trust achieved 95.16% in Q2 and 96% in October for the 4 hour wait target and on track to deliver 95.14% in November. This will mean that that target has been achieved for two consecutive months. This is against a backdrop of an increase in ED attendances. SFHFT saw its highest attendance rates in ED on Monday with 454 patients attending. Conversion rates indicate that the acuity of patients has also increased.</p> <p>RH advised that a number of actions identified in the winter plan have been implemented, the Respiratory Assessment Unit pilot commenced on 7th November and the Frailty Assessment Unit pilot commenced on 16th November. The discharge lounge is now opening Saturdays to enable earlier flow and staffing numbers have been increased in CDU to reduce zero to 1 day length of stay patients going into the main hospital.</p> <p>RH advised that the Trust is performing very consistently with RTT. 92.25% was achieved in October 2016.</p> <p>As a result of the Medway upgrade, a hidden clinic containing 29 patients became visible. One patient was identified to have exceeded the 52 weeks referral to treatment. RH confirmed that all patients have been contacted. A paper will be submitted to the Executive Directors at their next meeting.</p> <p>As highlighted as a risk in last month's report the Trust failed to achieve the DM01 standard in October due to capacity in echocardiography. The target</p>		
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<p>is 99% and the Trust achieved 98.1%. RH confirmed that the recovery plan is on track and expects to achieve the target in November. RH advised that there is an on-going risk with endoscopy.</p> <p>CW enquired if theatre utilisation within the report was reflective of work being conducted at Newark Hospital. RH advised that this isn't captured within the performance matrix as the work is mainly around medical day cases as opposed to surgical.</p> <p>PR advised that financial performance against plan remains good with the Trust £0.74m ahead of its planned deficit YTD excluding LTP costs. Capital expenditure is £1.81m behind plan but is forecast to deliver to plan at year end.</p> <p>CIP YTD delivery is £7.00m against plan of £6.01m at the end of October. The operating statement identifies clinical income is on plan in month and ahead of YTD plan by £2.02m. This is primarily as a result of continued non-elective and outpatient growth. Medical and nursing pay remains a challenge and the Trust continues to operate above the agency cap ceiling set by regulator.</p> <p>A detailed forecast outturn sensitivity analysis was presented to the Finance Committee showing the forecast outturn ranges from £13.5m worse than plan to £4.7m favourable to plan. Risk mitigations are in place to achieve a break even position and this has been considered by the Finance committee. Each Division is now forecasting an overspend and PR has met with each Division to discuss their forecast in detail. The Corporate forecast continues to improve.</p> <p>TR enquired if the overall net balance at the end of the year will be improved as a result of the £2.0m increased income via non-elective work. PR advised that a temporary workforce is used and as such there is no additional margin.</p> <p>RD enquired if the debt arising from the liquidation of CNCS would be recovered. PR advised that the liquidators had indicated that 19p for each £1 would be paid. The full impact of that outstanding debt has been recognised in the figures presented.</p> <p>JB advised that the overall sickness levels increased by 0.34% in month to 3.99%, this is significantly lower than that of the same period 2015. JB felt that this increase represented the seasonal impact of short term sickness and was the beginning of the winter upturn. A review of the division of Women's & Children's sickness absence was conducted that indicated that October's increase was a one off and partially due to long term sickness. Four of the divisions are now performing above target. JB advised that it was pleasing to see that RGN's sickness levels had reduced to 3.74% but worrying to see that the HCA group's sickness absence continues to rise.</p> <p>It has been reported that a lot of sickness absence is musculoskeletal (MSK) related. The Occupational Health Service has therefore commenced an MSK pilot service for staff as part of the Health & Wellbeing CQUIN initiative to run from November 2016 to March 2017. The pilot will initiate and evaluate a staff self-referral service to an occupational health physiotherapy service.</p>		
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	<p>JB advised that the top 5 areas of zero sickness absence are now recognised in the weekly Staff Bulletin.</p> <p>The Trust appraisal compliance target is 98%. Trust wide appraisal compliance increased by 1% to 94% in October. The best percentage achieved within the organisation so far this year is 95%.</p> <p>JB advised that there are currently 133 full time equivalent band 5 nurse vacancies within the organisation. The reduction this month is as expected and as a result of a further intake of newly qualified nurses the first four of the Filipino nurses.</p> <p>There has also been a lower than expected attrition rate for the 3rd consecutive month. Targeted recruitment activities are ongoing.</p> <p>The mandatory training target is 90%, SFHFT's performance has remained static in month at 91%. This is the fourth consecutive month that the target has been achieved/exceeded.</p> <p>RB stated that medical appraisals remain high and enquired if any targeted work had been initiated. JB clarified that it is appraisals within the division that is high rather than medical staff. The renewables and the number of appraisals outstanding for the month are quite high and because the appraisals aren't spread evenly across the year, a lot have become due at the same time. JB advised that it may be possible to identify divisions with appraisals that are unevenly spread across the year to help them to undertake better planning.</p> <p>PM stated that respiratory viruses are a cause of sickness absence amongst staff and enquired if the Trust's flu vaccination scheme for staff had reached its target. AE confirmed that currently 68.2% of staff had been vaccinated and thus achieved the first CQUIN level. To achieve the top CQUIN 75% is required, the deadline for which is the end of December.</p> <p>PM stated that the Friends & Family test responses were showing as 15.9% for in-patients and 1.2% for A & E. PM requested clarification that the A & E figure is correct and enquired if attempts were being made to increase the response rates. RH stated that there were some significant issues with the reporting and in a number of recent performance meetings the detail could not be provided. RD enquired why an iPad could not be offered for this purpose. AH advised that this matter was raised at PSQB and highlighted at the Quality Committee meeting two months ago. Victoria Bagshaw is supervising this project and an update will be provided at the next meeting.</p> <p>Action: Friends & Family test update to be presented at the next Board of Directors meeting.</p>	AH	21/12/16
16/287	CONTINUOUS IMPROVEMENT PLAN UPDATE		
	<p>EJ presented a summary of the CQC report that was received by the Trust on 9th November 2016 and explained that the report contained a culmination of the focussed inspection rating of the organisation from 'inadequate' to 'requires improvement' overall.</p>		

	<p>EJ advised that part of the requirement of the report was to provide an action plan in response to the 'must do' actions identified within it.</p> <p>SFHFT only had one 'must do' action that relates to staff awareness of the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DOLS) and Mental Health Act (MHA).</p> <p>EJ presented the proposed action plan advising that the plan had been developed in conjunction with Carolyn Jones – Head of Safeguarding and Victoria Bagshaw - Deputy Chief Nurse, Professional Lead for Corporate Nursing. EJ advised that the vast majority of actions had already been identified and were well established within the organisation.</p> <p>PH enquired if the proposed actions had been discussed and agreed with the Trust's CQC representative. EJ advised that the local representative had been consulted and was very happy with the Trust's approach around this particular action.</p> <p>EJ advised that a number of other items were identified in the Provider Report that arose from the 2016 inspection recommending that the Trust 'should consider, or must ensure' and the CQC have agreed that these actions will be managed locally through the Trust's regular engagement meetings. EJ felt very confident that the CQC would accept the proposed action plan which will be monitored monthly through the Trust's normal processes.</p> <p>PM stated that SFHFT do very well in terms of the number of staff that are trained in MCA but feedback indicates that some staff still do not fully understand some elements. PM enquired if further help could be provided to aid staff's understanding in this area and asked how assurance of this could be provided to the Board of Directors. EJ advised that the issue at the time of the inspection did not relate to the compliance rate, it was ward level conversations expressing some staff's general understanding and awareness in this area. SFHFT now have a team of experts within the organisation who are the first point of call and although some staff may not necessarily understand the detail, they are aware of where they should go in such circumstances. Constant temperature checking and assessments of the understanding of training is being built into the process.</p> <p>GW stated that the implementation of the QIP had been very successful and enquired of the steps required to achieve a status of 'outstanding' and how the Board of Directors would be sighted on this. EJ advised that a proposal will be presented to the Board of Directors in December 2016 that sets out the new proposed improvement plan.</p> <p>TR assured the Board of Directors that the improvement plan is regularly discussed and debated at the Quality Committee. TR felt that the QIP had focussed the organisation and staff had enjoyed the process both of which have contributed to its success. TR felt that the independent objectivity of the Improvement Director had also contributed to the programme's success and enquired if a similar mechanism would be considered for the new plan. EJ advised that the Peer Review Team would provide some of the objectivity assurance and assessment.</p>		
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	<p>EJ advised that a response regarding the acceptance of the action plan was expected from the CQC within one week.</p> <p>The Board of Directors considered the content of the report and APPROVED the Action Plan for submission to CQC.</p>		
16/288	BOARD ASSURANCE FRAMEWORK		
	<p>PH advised that the Board Risk Committee review SFHFT’s principle risks every month and recommend that the risk level of AF4 – Financial sustainability, be amended to reflect the challenging control totals of the next 2 years.</p> <p>The proposal is to increase the rating from 10 (High) to 15 (Significant).</p> <p>PH advised that the Committee also propose to remove risk AF5 – Organisational sustainability, as the Lead Director and Lead Committee have agreed that there are no material gaps in control and no outstanding improvement actions, and the Target Risk Rating has been achieved.</p> <p>No material changes have been made to any other Principal Risks.</p> <p>The Board of Directors APPROVED the re-rating of AF4 – Financial sustainability to 15 and the removal of AF5 – Organisational sustainability from the BAF.</p>		
16/289	SEALING OF DOCUMENTS		
	<p>SC advised that seal number 76: Licence to sub underlet retail premises. Central Nottinghamshire Hospitals (Project C.)(Tenant) and WH Smith Hospitals Ltd (Under Tenant) and The Stock Shop (Sub under tenant) Licence to occupy premises on the ground floor, retail unit B, Kings Mill Hospital for the period up to & including 17th September 2025 from the date of the licence</p> <p>The Board of Directors NOTED the content of this paper.</p>		
16/290	ASSURANCE FROM SUB COMMITTEES		
	<p>The Board of Directors considered reports from the following sub-committees:-</p> <p>Audit & Assurance Committee</p> <p>RD advised that a report was presented at the Council of Governors on Wednesday 23rd November with regard to the process for appointing the external auditors. The report suggested that two Governors will be nominated to sit on the procurement panel, however the Governors requested that six Governors sit on the procurement panel and this was approved by the Council of Governors.</p> <p>RD advised that the Audit Committee have requested sight of the 360 Assurance Internal Audit Plan on an annual basis to provide the Committee with an overview of the internal audit requests that are made within the Organisation.</p>		

	<p>SC felt that the request for all board committees to contribute to the annual internal audit plan could be used to provide assurance of internal controls.</p> <p>Board Risk Committee PH advised that the Director of Nottinghamshire Health Informatics (NHIS) presented an overview of their risk management practices and governance arrangements and how they interact with the Trust’s processes. It was agreed that opportunities to further strengthen these arrangements through the Trust’s Information Governance Group would be taken forward to better align SFHFT and NHIS’s risk registers.</p> <p>PH advised that the Trust is still carrying significant operational risks in relation to the WinPath IT system in Pathology. Plans are underway to upgrade the servers that are causing the increased risk.</p> <p>Finance Committee GW advised that the Finance Committee held a lengthy debate regarding the Trust’s Control total.</p> <p>The Committee also conducted a deep dive into the reduction in length of stay and a number of improvements have been made but there are further challenges ahead. The most noticeable factor was the difference between weekend and weekday discharge rates where improvements to ensure consistency are required.</p> <p>GW advised that the Committee requested visibility of the progress of the Strategic Transformation Partnership (STP). Whilst this programme is external to SFHFT it has a direct impact on the Trust and the Committee considered it important to understand the progress and any associated implications.</p> <p>OD & Workforce Committee JB advised that the Committee received a comprehensive deep dive report into sickness absence caused by stress and anxiety and whilst there have been a lot of interventions in this area and sickness is decreasing overall, the Committee recognised that this would reduce further as staffing gaps are filled.</p> <p>The Committee also received a briefing paper on the National Apprenticeship Levy, which will require the Trust to pay approximately £700,000 to HMRC spread over 12 months during 2017/18. Money is taken from the Trust and put into account to be drawn down for apprenticeships but can only be used to pay for training and not to pay for the costs of employing apprentices. JB advised that work is underway to identify ways to draw down these funds and to link it to planned training and also to consider how it can be used replace some of the funding that is being withdrawn such as Learning Beyond Registration. Apprenticeships can be at all levels of training.</p> <p>PH advised that the Secretary of State has today announced an apprenticeship scheme for nursing. This is in addition to the Associate Nurse role.</p>		
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	<p>Action: Further information to be presented to the Board of Directors regarding the Apprentice Nurse role.</p> <p>PM enquired if the target number of apprenticeships within SFHFT for 2017/18 was 92. JB advised that the Trust has 9 apprentices at present but providing the training meets the Apprenticeship Framework it can be classified as an apprenticeship and the Trust could have up to 92 apprentices in 2017/18.</p> <p>Quality Committee PM advised that as he is now Acting Chair, TR had been asked to Chair the Quality Committee in the interim.</p> <p>TR advised that the effectiveness of the Quality Committee had been improved and was assured that there is now a good quality assurance process in place.</p> <p>TR highlighted to the Board of Directors the Committees concerns regarding the consistent poor attendance at the Trust Infection, Prevention & Control Committee and also at the Trust Drug & Therapeutics Committee.</p> <p>The Board of Directors NOTED the contents of the reports.</p>	BB	21/12/16
16/291	COMMUNICATIONS TO WIDER ORGANISATION		
	<p>The Board of Directors AGREED the following communication:-</p> <ul style="list-style-type: none"> • Highlighting to staff the challenge of SFHFT's control totals 		
16/292	ANY OTHER BUSINESS		
	<p>PM advised that the Smoke Free Committee met last week and discussed the difficulties of enforcing the smoke free policy. A number of proposals were made including clearer signage along the pathways used by the public to access the hospital. PM advised that SFHFT have been working alongside Ashfield District Council and although the Council do not have the power to prevent smoking on the Estate they do have the power to prevent littering. The Council have already had a successful day talking to people at KMH about smoking and asking them to remove their litter which was positively received.</p> <p>PM commended the Executive Directors for the quality of the reports that have been submitted to the Board of Directors.</p>		
16/293	DATE OF NEXT MEETING		
	It was CONFIRMED that the next meeting of the Board of Directors would be held on 21 st December 2016 at 13:00.		
	There being no further business the Chair declared the meeting closed 13:25.		

16/294	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	<p>DP requested a status update of the implementation of the Newark Strategy. PW advised that the Newark Strategy was approved by the Board of Directors in September 2016.</p> <p>All components of the strategy continue to be implemented in consultation with CCG colleagues and other stakeholders. PW advised that the first quarterly update meeting will be held in December 2016 but preliminary information shows a continued increase in activity across all areas including the Urgent Care Centre, medical day case, outpatients and diagnostics.</p> <p>TR clarified that the Quality Committee report stating “4 of the 5 rejected actions related to the implementation and communication of the Newark Strategy” referred to the evidence that is required. The actions are in place but the Quality Committee had requested further evidence that the actions were embedded.</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Dr Peter Marks Acting Chair</p> <p style="text-align: right;">Date</p>		