

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 09:00 on Thursday 26<sup>th</sup> July 2018 in the Boardroom, King's Mill Hospital

<b>Present:</b>	John MacDonald	Chairman	JM
	Neal Gossage	Non – Executive Director	NG
	Graham Ward	Non – Executive Director	GW
	Tim Reddish	Non – Executive Director	TR
	Claire Ward	Non – Executive Director	CW
	Richard Mitchell	Chief Executive	RM
	Julie Bacon	Executive Director of HR & OD	JB
	Peter Wozencroft	Director of Strategic Planning & Commercial Development	PW
	Paul Robinson	Chief Financial Officer	PR
	Suzanne Banks	Chief Nurse	SuB
Kerry Beadling-Barron	Head of Communications	KB	

<b>In Attendance:</b>	Sue Bradshaw	Minutes	
	Joanne Smith	Minutes	
	Denise Smith	Deputy Chief Operating Officer	DS
	Elaine Jeffers	Deputy Director of Governance and Quality Improvement	EJ
	Fiona McCandless-Sugg	Dementia Nurse Specialist	FM

<b>Observer:</b>	Keith Wallace	Governor	
	Gail Shadlock	NeXT Director Scheme	
	Laura Sandland-Taylor	Medical Student	
	Nateesha Varley	Corporate Secretary / PA to Chief Operating Officer	

<b>Apologies:</b>	Shirley Higginbotham	Head of Corporate Affairs & Company Secretary	SH
	Simon Barton	Chief Operating Officer	SiB
	Barbara Brady	Specialist Advisor to the Board	BB
	Dr Andy Haynes	Medical Director & Deputy Chief Executive	AH

Item No.	Item	Action	Date
<b>16/900</b>	<b>WELCOME</b>		
1 min	The meeting being quorate, JM declared the meeting open at 09.00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
<b>16/901</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	JM declared his position as Chair of the Mid-Nottinghamshire Better Together Board and RM declared his position as Chair of the East Midlands Leadership Academy.		
<b>16/902</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	Apologies were received from Dr Andy Haynes, Medical Director and Deputy Chief Executive, Shirley Higginbotham, Head of Corporate Affairs and Company Secretary, Simon Barton, Chief Operating Officer and Barbara Brady, Specialist Advisor to the Board.  It was noted that Denise Smith, Deputy Chief Operating Officer, was attending the meeting in place of Simon Barton.		
<b>16/903</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors in Public held on 26 <sup>th</sup> June 2018, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>16/904</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that actions 16/752.1, 16/790.1 and 16/793.4 were complete and could be removed from the action tracker.		
<b>16/905</b>	<b>CHAIR'S REPORT</b>		
3 mins	JM presented the report, advising Simon Barton, Chief Operating Officer (COO) is currently off work.  RM advised Simon was involved in an accident on 12 <sup>th</sup> July 2018 and is likely to be off work for at least 6 weeks. He is grateful for the messages received from colleagues over the last 2 weeks. In Simon's absence, Denise Smith (DS) will be acting up into the COO role. DS will be focussing on the ED 4 hour standard and Winter capacity plan. Helen Hendley will be focussing on elective care, diagnostics and cancer.  JM advised arrangements for closer working between NHS England (NHSE) and NHS Improvement (NHSI) continues to progress. Interviews for Directors are due to be held in late August / September, after which attention will turn to the second level. There will be a period of change but this should lead to more consistent messages in the future. A new Secretary of State has been appointed.  The Board of Directors were ASSURED by the report		

16/906	<b>CHIEF EXECUTIVE'S REPORT</b>		
8 mins	<p>RM presented the report, advising the role of Director of Governance and Quality Improvement has been divided into three. SuB and her team will be responsible for the governance support unit, AH and his team will be responsible for patient experience, with EJ reporting to AH, and SH will be responsible for risk. Splitting the role has brought the three teams closer together as they meet three times per week to share information. Feedback from staff directly involved is very positive.</p> <p>RM apologised for the late circulation of the SOF report and gave assurance all future reports for the Board of Directors meetings would be circulated in a timely manner.</p> <p>RM advised a capital request has been submitted via the Sustainability and Transformation Partnership (STP). If this is successful it will enable The Trust to redevelop theatres in critical care at Kings Mill Hospital, which is viewed as a key enabler to open up other parts of the organisation and one of the ways in which the Private Finance Initiative (PFI) deficit can be reduced. The Trust has to be realistic about its ability to access capital in this round but steps are being taken to strengthen the opportunities.</p> <p>RM acknowledged the current risks for the Trust, noting demand for emergency care is very high at the moment, which is reflected on a regional and national level. It was noted week commencing 16<sup>th</sup> July 2018 was the busiest week ever. The very high levels of attendance and admissions, at a time of year which historically is quieter, raises concerns for the coming Winter. A high level of emergency demand has cost implications for the Trust and is unaffordable from a commissioner's perspective. If this is not effectively managed it could have a knock on effect on patient experience, quality and safety and put the access standards at risk, not just for emergency care but also elective care. The Trust needs to ensure all the options are being taken to manage demand and ensure there is a realistic capacity plan in place for this Winter.</p> <p>Another element of risk is maintaining the Trust's financial position. While the Financial Improvement Programme (FIP) was delivered for Q1, the level of FIP in the final three quarters of the year is much greater than the first quarter. The current plans are being reviewed and a further update will be provided to the Board of Directors in August.</p> <p>TR felt, given the split of the Director of Governance's portfolio, it would be helpful to cross-check who has responsibility for the different areas as some of the reports and documentation presented to the Board of Directors refers to individual positions. Documents need to reflect the correct person.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Ensure new responsibilities are reflected in future reports to the Board of Directors</b></li> </ul> <p>The Board of Directors were ASSURED by the report</p>	SH	30/08/18

16/907	<b>QUARTERLY STRATEGIC PRIORITIES REPORT</b>		
34 mins	<p><b>Strategic priority 1 – To Provide Outstanding Care To Our Patients</b></p> <p>SuB advised the majority of actions are on track or completed. There are five actions currently showing as amber. However, work is ongoing in all these areas. Implementation of electronic handover has commenced at Mansfield Community Hospital and some of the wards at Kings Mill Hospital. There is a slight delay in the introduction of electronic observations in paediatrics and ED due to an issue with SystemOne and the interaction with Nervecentre.</p> <p>In terms of the hospital out of hours and ensuring consistency, there is an out of hours team in place and there will also be a lead within critical care. A review of safe discharges is underway. Following on from a discussion at the governance huddle, the teams are completing a deep dive around the themes of patient experience, information governance, safeguarding, risk and GSU relating to safe discharges.</p> <p>In relation to the mental health partnership, the division is focussing on the issues and there is a mental health nurse undertaking work in relation to this.</p> <p>JM queried if the strategy would need to be revisited when the final CQC report is received in case that includes something which may influence the strategy.</p> <p>SuB felt unable to comment at this stage. Areas included in the strategy are areas which the Trust are aware of and working on as part of ‘day to day business’ and these feed through the Patient Safety and Quality Group (PSQG). There may be one or two areas to feed in separately or feed into processes which are already in place but with closer monitoring.</p> <p>RM felt there is a good framework in place. The feedback received from the CQC so far has not identified anything which the Trust was unaware of. However, when the final report is received, this will be cross checked.</p> <p>JM felt safe discharge is important in terms of the integration agenda. In order to get patients out of hospital earlier and support them in the community, there needs to be clear and robust discharge process.</p> <p>SuB advised there is a need to make sure the Trust has done everything possible to ensure that everything is in place prior to discharge. This will form part of a themed review and be reported back through PSQG.</p> <p><b>Strategic priority 2 – To Support Each Other To Do A Great Job</b></p> <p>JB advised the actions contained within the report relate to the second year of the plan. The actions have been structured to the six key elements of the strategy, these being attract, engage, develop, nurture, perform and retain, with quarterly trajectories included where possible. Overall six actions have been completed with the remainder rated as green.</p>		

<p>NG felt it would be useful to have a commentary on each section, with a summary and more exception reporting. NG expressed concern regarding the demographic ‘time bomb’ and felt addressing this should be a top strategic priority.</p> <p>JB advised there is a programme of actions underway which is being managed through the workforce planning group. The overall figures for the Trust were reported to the Board of Directors in June and the next step is for each HR business partner to work with their respective division to drill down on that data and look at specific service areas, particularly senior medics and nursing staff. This work will be ongoing over the summer and will be reported back to the workforce planning group. The outcome of this work will be included in one of the regular workforce reports to the Board of Directors.</p> <p>NG queried if there was any national data available on age profiles and the age at which people retire which could be used to build into the longer term strategic plan for workforce.</p> <p>SuB advised the age profiles are known and are being monitored and the Trust is looking at what specific things can be done in relation to those age profiles. For example, holding a pre-retirement meeting for nurses leaving at age 55. There are strict rules in relation to special class status for the period from age 55-60. With their pension, nurses can’t earn more than the salary level they were on when they left. The NHS pay rise is having an impact in relation to this as there is a cohort of nurses who have retired and returned to work part time, but the pay rise impacts the number of hours they can work which is adversely affecting some job share arrangements. Work is ongoing in relation to this.</p> <p>GW queried if the leaving salary should be adjusted to take account of any pay rises.</p> <p>SuB advised this was being investigated with a piece of work being led by pensions and including finance and HR.</p> <p>JB advised there is a national review of the NHS pension scheme, which is also looking at the impact of the HMRC rules in relation to lifetime pensions allowances as this could affect people’s decision on retirement age and work patterns. It is difficult to scenario plan as there is no set retirement age.</p> <p>JM felt the commentary element of future reports should focus on where the work being done impacts on the strategy. In addition, there are three aspects which should be reflected on for the next report, these being looking at what can be done now in relation to recruitment, retention, pensions, etc., what can be done to help staff become more efficient, for example looking at things like technology to support staff and what discussions are taking place across the wider health and social care system.</p> <p><b>Strategic priority 3 – To Inspire Excellence</b></p> <p>RM advised the Sherwood Quality Improvement Initiative was launched across the organisation in July. The main focus for this is in theatres</p>		
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<p>but it is also being used for various bespoke projects across all three sites. This work underpins the inspiring excellence programme and will also link into work being done in relation to financial planning and financial improvement. The workforce initiatives will underpin some of the access improvement.</p> <p>RM advised a report on research is presented to the Board of Directors on a quarterly basis, the next report being due in August. National research figures were published recently which place SFHFT third in the East Midlands in terms of the number of patients enrolled on research programmes. 80% more patients were enrolled in research projects in 2017/2018 compared to 2016/2017. These are mainly clinical trials.</p> <p>SuB advised a research academy is being developed as part of the nursing strategy.</p> <p>JM felt SFHFT should be focused on what its niche is in research, given the Trust's size and role.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Research strategy to be considered as part of strategic review in the Autumn</b></li> </ul> <p><b>Strategic priority 4 – To Get The Most From Our Resources</b></p> <p>PR advised the report represents the strategic priorities identified 18 months ago and is undergoing a refresh as the Trust moves forward with its strategy, inclusive of the financial strategy. The areas showing as amber correspond with the report received by the executive team in respect of Financial Improvement Planning.</p> <p>There has been an increase in the use of medical locums, which the medical task force are working hard to reduce. In Q4 of 2017/2018 and into Q1 of 2018/2019, there was an increase in the use of Thornbury nurses. Both of these areas were under control last year but this has proved to be more difficult to control since January 2018.</p> <p>In terms of maximising internal efficiency and identifying targets to improve productivity, the Trust uses model hospital which is available from NHSI. However, this has not been used systematically. This is an output from the FIP review which has been put in place.</p> <p>In terms of high patient use of facilities, the areas which are amber reflect the heavy pressure the Trust was under in Q1 in terms of non-elective demand and notes the bed modelling work being undertaken which will be reported to the Board of Directors in August.</p> <p>Slow progress is being made in relation to staff engagement and ideas generation. However, the quality improvement initiative provides that opportunity.</p> <p>NG felt a lot of the actions identified were short term actions and the Trust should look at what actions need to be taken over the next 2-3 years to reduce the financial deficit.</p>	<p>AH</p>	<p>20/12/18</p>
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PR advised this is part of the overall strategy refresh which will be presented to the Board of Directors in the autumn.

**Strategic priority 5 – To Play A Leading Role In Transforming Local Health & Care Services**

PW advised this strategic priority continues to reference the Trust's participation in the Integrated Care System (ICS), STP and Better Together Programme, as well as bi-lateral collaborations with Nottingham University Hospitals (NUH) and other providers. The three key components of the Newark strategy are currently work in progress. The joint clinical services strategy is increasingly 'slotting in' under ICS development with the different strands being brought together.

Notwithstanding the larger strategic themes, there are also some specific tactical work the Trust is doing. For example, the procurement team are collaborating fully with colleagues across the system to look for scale efficiencies and improvements in things like the use of printers and multi-functional devices.

CW stated there has been some discussion about a much larger authority being led by Nottinghamshire County Council (NCC) and queried if this has been taken into account and what that might mean for SFHFT's engagement with the wider care system.

PW advised the Trust is aware of the discussions. NCC are increasingly emphasising the district councils' roles in other elements of service provision, over and above adult social care, and are encouraging Better Together partners to engage directly with the district council as / if and when those plans come to fruition. If this happens, the Trust will need to re-set its expectations in terms of what can be achieved within the larger configuration.

CW advised local authorities are trying to develop in terms of the use of technology and queried if this was something the Trust would need to get involved with, thinking in terms of how patients access some of SFHFT's services or advice. This could potentially be via any of the technology or council applications or being able to utilise some of those services from local facilities.

PW advised the Trust is aware of some of those developments and is trying to build those into the digital strategy, particularly in relation to outpatient care.

RM advised the Trust is currently experiencing very high levels of non-elective attendance / admissions. However, some progress is being made in relation to elective work. There could be a scenario where further progress isn't made in relation to elective demand, which provides a lot of income and contribution, and the Trust struggles to make progress in regards to non-elective work with an increasing number of patients flowing into the organisation. This re-emphasises the need to not only review the actions currently being taken and to work closely with partners, but to sense-check the strategy to ensure the plans fit into the reality now and over the coming years.

	<p>NG stated there was a comment in the SOF that what happened in Q1 may affect the strategy. NG felt it would be useful to understand how the two link and how the big increase in non-elective work is going to impact on the strategy.</p> <p>RM stated over the next couple of months, when the strategy is being re-visited, the Trust will take the opportunity to engage with staff, patients and partners to ensure the strategy resonates with them and the strategy document can be used in a meaningful way.</p> <p>JM acknowledged the work which has gone into the strategic priorities but further development is required. Time should be given twice per year for the Board of Directors to have a dynamic discussion in relation to strategic issues.</p> <p>JM felt there is a need to focus on a few key strategic issues as currently there is some overlap. As the system wide working develops, there will be implications for the Trust, not just in terms of strategy for service delivery but also in terms of governance, relationship with other organisations and the move to strategic commissioning.</p> <p>TR felt, if the timing was right, the strategy could help shape discussions at the Board of Directors' away day. The document should be a useful tool for all and not just a monitoring tool.</p> <p>GW felt the summary section is useful and acknowledged there is no problem if things change, as long as there is an explanation as to why. GW felt the danger with exception reporting is the tendency to delve into areas which are under performing. It is just as important to look at what is going well.</p> <p>The Board of Directors were ASSURED by the report and AGREED this would be presented to the Board of Directors on a 6 monthly basis</p>		
<p><b>16/908</b></p>	<p><b>PATIENT STORY – DEMENTIA</b></p>		
<p>31 mins</p>	<p>FM presented the patient story which related to living well with dementia. FM advised there had been excellent MDT working in this case which was co-ordinated by the ward leader. All aspects of the patient's care were considered to ensure this was proactive and not reactive. With robust planning, a clear journey through the hospital was developed.</p> <p>In terms of lessons learned from this case, FM advised there is a need to ensure patients do not experience unnecessary admissions and that any interventions are in the best interests of the patient. It is important best interests meetings take place for planned interventions and the consent form is completed. It is also important to consider the impact on the patient's family and carers.</p> <p>GW queried if it is beneficial for patients to have a Lasting Power of Attorney (LPA) in place and are people encouraged to make these provisions, particularly in relation to health and wellbeing.</p> <p>FM confirmed she does discuss this issue as a lot of people have an LPA in place for finance but not for health and wellbeing; people should</p>		



	<p>be encouraged to do both. LPAs are useful. If someone loses capacity and does not have an LPA in place, a court appointed deputy is required. People should be encouraged to talk about getting an LPA and planning for the future.</p> <p>TR queried if teams share good practice and also queried which country is currently the best in the world for dementia care.</p> <p>FM explained that as part of her role she visits schools, etc. to do Dementia Friends awareness sessions. It is important to get communities to support people as this helps them to live well with dementia. At some point England might be the best place in the world for dementia care as a lot of money has been invested in the Dementia Research Institute with someone from the Netherlands heading up this work. There is still lots of work to do.</p> <p>CW queried how the Trust can ensure the general principles of how to recognise and support a patient with dementia, and their families, is embedded in everybody within the Trust so it becomes second nature and everyone has some awareness of even the small things which can be done to make a difference.</p> <p>FM advised dementia awareness is included as part of orientation for all new starters to the Trust. In addition, there is a monthly dementia training day. There is a network of dementia champions but it would be useful to grow that network. Staff want to make changes, for example, a consultant on one dementia training session recognised going to meet the patient rather than just calling their name would be helpful. In addition, the pre-appointment information sent to patients has been adapted and people can identify if they have any special requirements for their appointment for communication, mobility, etc.; this is not just for dementia patients. FM explained she is able to put staff in touch with other services to share good practice.</p>		
<p><b>16/909</b></p>	<p><b>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</b></p>		
<p>56 mins</p>	<p>RM advised the Trust has made a good start to 2018/2019 with progress being made across the range of domains. However, it was acknowledged a number of risks remain, which are not new risks but ones the Trust and partners have been working to manage and resolve for at least the last 12 months. The biggest current risk is the emergency care pressures which is driving some of the Trust's financial position and the financial position of commissioners. Steps need to be taken to mitigate that risk, otherwise it will impact on access standards, quality and some of the workforce metrics.</p> <p><b>ORGANISATIONAL HEALTH</b></p> <p>JB advised Q1 has been good in terms of workforce with most of the KPIs on green at the end of and throughout the quarter. This level of performance needs to be sustained throughout the rest of the year. Sickness absence was at 3.45% in June, with the average across the quarter being 3.29% and all three months were below the 3.5% threshold. Levels of sickness absence for Q1 of 2018/2019 are 0.36% lower than the same period of 2017/2018. One division is at 4% sickness absence for the quarter but all the others are at or very close</p>		

	<p>to the 3.5% target.</p> <p>Appraisal compliance is an average of 95% for the quarter, which is the target. This is an increase of 3% compared to the same period of 2017/2018 and represents a significant improvement. Mandatory training is green and has been over the 90% target for over a year.</p> <p>Staffing and turnover is green for the quarter as it is below the 1% threshold at 0.86%. The April position was above the 1% threshold. This was discussed by the Board of Directors in May and it was felt this increase was due to the fact that Easter straddled the end of March / beginning of April. There was a correspondingly low turnover figure in May which balanced out the figures for the quarter as expected.</p> <p>There has been an increase in Registered Nurse (RN) vacancies as expected at this time of year while waiting for the student outturn to commence in September 2018. There are currently 56 newly qualified nurses waiting to start but there are a further two assessment centres planned. Steps are being taken to keep in touch with the students while they're waiting to start to minimise any loses due to offers they have from other organisations.</p> <p>RM advised the results of the Q1 staff friends and family test had been received. This shows similar response as was received in Q4 of 2017/2018. 87% of staff recommended SFHFT as a place to receive care (88% in Q4) while 77% of staff recommended SFHFT as a place to work (77% in Q4). A concern from these results is the consistent feedback from staff about perceptions of bullying and harassment, nepotism and other issues which have been brought up over the last couple of quarters. This needs to be an area of focus over the next 12-18 months.</p> <p>JB advised improvements have been made to the process to enable the information to be distilled. This enables trends to be identified from the questions and also link information to divisions.</p> <p>RM felt the Trust has a better understanding of the issues now and it is neither a worsening trend nor are people reporting issues more. The feedback for those two key questions in Q4 of 2017/2018 and Q1 of 2018/2019 is the best the Trust has ever had. What needs to be brought to the attention of the Board of Directors is what action is being proposed to resolve some of the longstanding issues. The next strategic meeting of the Senior Leadership Team will focus on this issue and an update will be provided to the Board of Directors in August as part of the quarterly report on culture and leadership.</p> <p>JM felt it important to understand the nature of the problem which needs solving, i.e. management, staff to staff, particular areas of the trust, etc., as this will inform the approach.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Report on areas of concern from staff survey to be presented to Board of Directors as part of the culture and leadership report.</b></li> </ul>	<p>JB</p>	<p>30/08/18</p>
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	<p>JM queried the reasons for sickness absence being over the 3.5% threshold in three divisions.</p> <p>JB advised a couple of divisions are only marginally over what is a challenging target. It was noted there are times when staff are sick and they need to stay away from work, for example cases of diarrhoea and vomiting. Sickness absence is monitored at the monthly divisional performance meetings. Any divisions not meeting any of the workforce KPIs are required to provide an exception report and detailed action plan. The nature of sickness absence varies but the divisions will know the reasons and if it is a trend.</p> <p><b>QUALITY</b></p> <p>SuB advised there are two exceptions within the report. The first of these is the identification of patients with dementia, assessment and referral. There is a trajectory for improvement for September and this is on track to be delivered. Significant improvements have been made to the 'find' element which is now at 98%. The current focus is in relation to refer. As this is resource intensive, the intention is to put this through Nervecentre.</p> <p>The second exception is in relation to falls. There has been a slight increase in falls with no or low harm with a slight fluctuation above the internally set threshold. However, this remains below the national average.</p> <p>The position over Q1 has been positive in relation to quality and patient safety, with evidence of improvement for dementia assessment. There is significant ongoing work in relation to falls and patient safety, with continued focus on the Fundamentals Programme, which is targeted at all nursing and therapy staff.</p> <p>In relation to infection control, C.Diff and E.coli cases remained below the threshold for Q1. The harm free care safety thermometer shows the Trust reporting above the standard set in Q1 for VTE, pressure ulcers, falls and catheter related UTIs. There have been no grade 3 or 4 pressure ulcers for over 7 months and this remains below the national average. NHSI have issued new guidance in relation to reporting of pressure ulcers which will see a rise nationally and within the Trust of the reporting position. A summary of the potential implications will be presented to the Board of Directors in August.</p> <p>There was one serious incident in June, which brings the Q1 position to eight. The key theme is delay in treatment. There was no reporting of never events.</p> <p>In relation to staffing, Q1 has seen a slight increase in sickness and vacancies, particularly in Urgent and Emergency Care, Medicine and Surgery. There has been an increase in operational activity and a lot of Winter beds remain open. Despite this, there have been no incidents of harm associated with staffing and no reported breaches of safe staffing. With regards to the financial position around staffing, there has been a reduction in the use of Thornbury and all short term escalated rates have been pre-authorised using the Thornbury process. RCAs remain in place for any Thornbury breach.</p>		
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<p>CW noted the waiting times issue identified in the family and friends test, acknowledging the various actions which have been put in place to deal with the consequences of extended waiting times. However, CW queried if the factors causing the extended waiting times been reviewed and if there is anything which can be done to address this in terms of lists, available staffing, etc.</p> <p>SuB advised a thorough review of staffing establishment at Kings Mill Hospital has been undertaken and the same work will be done at Newark. No staffing shortfall has been identified.</p> <p>DS advised there is an outpatient improvement group and the outpatients' team are continually looking at templates, processes, etc. There is good communication with patients where there are delays. Some delays are inevitable but the admissions team manage those well. There is not a huge amount of over-booking of appointments as the Trust uses appointment slots rather than clustering appointments. Where there is over-booking, this is managed well.</p> <p>SuB advised there has recently been significant activity in the fracture clinic and this may affect the friends and family results in the next couple of months.</p> <p>RM advised there are two elements to a patient's wait; the wait for the appointment and the wait on the day, with steps being taken to address both. In relation to 'on the day' waits, both at Kings Mill and Newark, the Trust apologises to the patient, explains the reason for the wait, provides a voucher for a hot drink and, if the wait is over an hour, the patient is given a ticket for the car park so they pay no more than an hour's parking fee. The Trust is doing everything expected but it is acknowledged that on occasion some patients have excessive waits.</p> <p>JM noted some Winter beds are still open and queried the implication of this for planning for Winter 2018/2019.</p> <p>DS advised there are 16 beds on the short stay unit which are flexed up; the base capacity for that ward is 24 but there are still 40 beds open. At the same time last year those beds had been flexed down. The capacity on this ward is available to flex up and down throughout the year. Therefore, it is not an extra ward which has been put in place. There have been short periods when capacity was flexed down by 8 beds, but this hasn't gone back down to the 24. There are ongoing discussions as to whether the core capacity on that ward should be 32.</p> <p>JM queried if the Trust was in a less flexible position than at the same time last year.</p> <p>RM explained the Trust has not lost any flex this summer but more beds are open than 12 months ago. The volume of beds open is a product of the number of patients being admitted, length of stay and the acceptable occupancy level. The risk is the Trust is beginning to enter the Winter period in a more challenged position than it was in 12 months ago. The capacity the Trust had last winter is not going to be sufficient to do everything SFHFT wishes to do this winter, without seeing big impacts on the elective pathway, which the Trust is not willing to accept.</p>		
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	<p>Work is ongoing with partners to reduce the number of admissions and to safely discharge patients who are medically fit to a non-acute environment. The Winter capacity plan will be presented to the Board of Directors in August.</p> <p>SuB advised there is a programme called GREATix which can be used through the Datix system to celebrate what has gone well.</p> <p><b>OPERATIONAL</b></p> <p>DS advised the Trust achieved the ED 4 hour standard for Q1, achieving 97.21% in June giving an overall performance for the quarter of 95.14%, noting this is in the context of higher attendance and admission rates, alongside higher ambulance rates. Currently attendance and admission rates are beyond the 4 year high both for the quarter and the month. However, there is capacity on EAU at the beginning of most days, which makes a big difference to flow. Additionally, the length of stay on EAU is being better managed.</p> <p>The forecast is to achieve the ED 4 hour standard in Q2, but it will not be achieved in Q3 and Q4. However, the trajectory is that no month will be less than 90%.</p> <p>In June, there was one patient who waited over 12 hours from the decision to admit. This was a mental health patient and while the decision to admit was made in a timely manner, there was a delay in identifying the bed and a long delay for ambulance transport. For mental health patients, a range of options for transfer to that mental health bed are explored and for some patients it is not safe to do anything other than an EMAS transfer, which was the case with this patient. A full root cause analysis has been completed.</p> <p>There has been a significant improvement in ambulance handover times, with improvement for both the month and the quarter on both the 30 minute and 60 minute target. Performance is back within the best performing levels and the ambulance handovers over 60 minutes are sustainably below 1%.</p> <p>JM noted, in relation to the ED 4 hour standard, the average for the year is in the region of 93% and queried if this has been signed off by the regulators.</p> <p>DS confirmed this had been agreed by NHSI, who expect performance to dip over Q3 and Q4. NHSI feel the trajectory is realistic and achievable, but with an expectation performance will return to 95% in March 2019.</p> <p>RM felt the internal processes currently in place are better than they were 6-9 months ago. The Trust needs to build on those and ensure there is a clear plan in place which can be enacted before Winter. RM noted the day to day variation has lessened, with performance being over 95% for the vast majority of days in June.</p> <p>TR queried if the risk and strategy would be included in the Winter plan to reflect the possibility of cancelling elective care.</p>		
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<p>DS advised that alongside the Winter capacity plan, the impact on elective activity, from both a financial and performance perspective, will be quantified. Cancer care, urgent care and day cases will be maintained. The impact will be on elective inpatient work.</p> <p>RM clarified that elective care won't be cancelled, but will not be booked in.</p> <p>DS advised there have been significant increases in cancer performance. The 62 day cancer standard was achieved in April at 87.6%. The standard was not achieved in May and forecast for June is 87%. There were 101 treatments in May, which is a high number of patients, and this helped to reduce the backlog. Breach analysis is routinely in place with all clinical divisions. This has shown that over 60% of breaches are due to patient choice and/or complex pathways. There is some work to do with primary care in relation to patient choice issues.</p> <p>A small proportion of breaches related to capacity pressures and process issues, although these are improving. A significant number of breaches in May were due to urology who saw a spike in referrals. In addition, there were some capacity issues, particularly in diagnostics. The forecast is to deliver the 62 day standard for Q1 and this will be reported formally to the Board of Directors in August.</p> <p>TR queried if there was any correlation in an increase of referrals to cancer campaigns.</p> <p>KB advised there will be a spike in referrals when there is a national cancer campaign as people visit their GP and it is more likely they will be referred. This is something the Trust is aware of.</p> <p>DS advised she was unsure if there is a link, but there is also a spike in activity if it is reported that a celebrity has cancer.</p> <p>NG noted the relatively small number of cancer patients and that from time to time the standard is missed due to patient choice and queried if this should be taken into account when measuring the standard.</p> <p>DS advised the standard is 85% so the 15% tolerance takes account of patient choice and patients on a more complex pathway. However, the 15% figure is arbitrary.</p> <p>RM acknowledged the progress made with cancer and advised the Trust is delivering in line with trajectory.</p> <p>DS advised the standard for diagnostics wasn't achieved in April but was achieved in May and June. The Trust is aware of the challenges, particularly in relation to CT. There are long term plans in place but there will be a risk in the short term. However, diagnostics is now a sustainable delivery.</p> <p>Referral to treatment (RTT) was 90.04% in June and there has been a month on month improvement with more of the specialities delivering the standard than not. The overall recovery of the standard is dependent on four big specialties and the actions being taken are</p>		
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<p>weighted towards those specialties. The position is improving and the Trust expects to achieve RTT pre-Winter.</p> <p>JM queried if income was down for elective work.</p> <p>PR advised income is down for elective inpatient work but for day cases it is slightly up. However, one doesn't balance the other.</p> <p>JM queried if the reason for inpatient activity being down was due to capacity issues.</p> <p>DS advised there is a capacity issue in some specialties. There has been some work with the surgical division to explore some outsourcing in the short term to clear part of the backlog. The theatre improvement workstream is in place and the Trust is delivering on the 85% utilisation of theatres.</p> <p>JM queried if inpatient activity would increase</p> <p>DS advised she would look into this in more detail and report back to the Board of Directors.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Update to be provided to the Board of Directors regarding inpatient elective activity</b></li> </ul> <p>RM advised the Trust needs to continue to increase the number of patients going through theatres, both inpatient and day cases. However, proportionately the vast majority of patients on an RTT pathway progress no further than outpatients, so work needs to continue in relation to that. The reason for not yet delivering the RTT standard is partly due to not undertaking the level of activity forecast but is predominately due to catching up following the change to reporting last year, i.e. the validation of the waiting lists and reporting accurately.</p> <p>DS advised that in relation to the 52 week breaches there is an historical backlog and a validation process is in place. There were 21 patients who had been waiting over 52 weeks in June. 17 of those were identified through the validation process. Of the other four cases, two were patients who had cancelled multiple times and had some diagnostic delays and two were due to incorrect 'clock-stops'.</p> <p>Performance for fractured neck of femur best practice tariff was 59.1% in May against a standard of 75% standard. This equates to eight patients who failed the standard. Six of these were due to unavoidable clinical delays. Of the two cases that were avoidable, one was due to a particular assessment which needed to take place within a certain timeframe and the other was due to theatre capacity but the patient was treated the next day.</p> <p>There were ten on the day cancellations for non-clinical reasons in June. Nine patients were re-booked and treated within 28 days. The Trust failed the standard for one patient but this was due to patient choice.</p>	<p>DS</p>	<p>30/08/18</p>
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**FINANCE**

PR advised the Trust is on plan for Q1, posting a deficit pre-Provider Sustainability Funding (PSF) of £13.9m. As the Trust is on plan, this attracts PSF monies and as the ED 4 hour standard was achieved in Q1, SFHFT will be in receipt of the full Q1 PSF of £1.86m, giving a deficit post PSF of £12.06m.

Clinical income is better than planned, mostly in the area of non-elective care. Elective inpatient income is slightly behind plan and FIP is behind plan by £400k. Medical pay is on the increase with an adverse position of £1.5m. Agency spend overall has reduced during June, but over the quarter this is £290k above the ceiling. Uncommitted reserves of £600k have been released to support the YTD position.

In relation to cash, this is slightly behind plan at the end of Q1. However, in July the Trust received cash in respect of the 2017/2018 Sustainability and Transformation Funding (STF) which has put the Trust ahead of the cash plan as this has been received slightly earlier than expected. Therefore, the Trust's reliance on loans during July and August will be less than the plan. The STF monies have also enabled the Trust to return to trajectory with the delivery of the capital programme, which was slightly behind plan at the end of Q1. It has been agreed with NHSI that the STF funding received can be used to progress the capital programme. Therefore, the Trust will not be reliant on a capital loan for this year.

At the end of Q1, a robust forecast for year end was completed. SFHFT can achieve the control total but with a risk of £6.9m. The range around that risk is an adverse of £12.4m to a favourable £1.6m. The risk range is as expected at the end of the quarter, but is skewed towards the adverse position.

The FIP planning process has been reviewed by the Executive Team with actions identified to improve that. These will be reported to the Board of Directors in August and September. There are a number of transactional and low value opportunities which aren't being turned into plans as quickly as hoped, which in turn aren't being turned into delivery as quickly as hoped. There is a need to re-establish pace and focus and look for more transformational ideas and opportunities, taking into account how those can be aligned with the system requirements.

NG advised the cash position was discussed at length at the recent meeting of the finance committee. There is reasonable assurance that the cash position is under control, although it will be tight towards the end of the year.

TR queried if the recent increase in staff salaries had been factored in.

PR explained the Trust has received advice regarding the award of national funding in respect of the changes to the Agenda for Change gradings and has received £2.83m. It is felt this is in line with what it will cost the Trust to implement the changes. However, a risk has been introduced in relation to staff who work for Medirest. The components of the contractual arrangements are that Medirest staff receive the Agenda for Change pay award with the cost passed back through the

	<p>PFI arrangements. This is not within the £2.83m resource received. The Trust has to advise NHSI of what the additional cost will be, but assurance hasn't been received that it will be fully funded. There is no suggestion it won't be funded but there is a query if it will be fully funded. The maximum risk is £440k.</p> <p>NG advised the single biggest risk is FIP. Much greater focus needs to be placed on FIP, alongside the quality and safety issues which the Trust is dealing with. There is a need for the divisions to focus on the FIP plan as this is critical to delivering the control total at the end of the year.</p> <p>RM acknowledged the safe delivery of FIP should be a key organisational priority for the remainder of the year.</p> <p>JM noted that the position regarding medical staffing vacancies was the best it had been for 2 years and queried why spending had increased on medical agency staff.</p> <p>PR advised there has been an increase in sickness, causing absences on rotas, as well as continuing to fill those vacancies.</p> <p>JB advised there is some time lag in Q1 from the Winter activity with extra shifts remaining in the rota. There has also been an issue in relation to work permits and certificates of sponsorship as the Home Office placed a cap on how many could be issued. The Trust has recruited people from overseas but there has been a delay in them being able to start while waiting to get the certificate of sponsorship through. This has led to having to fill places on the rota with locums for longer than hoped. The Home Office have now removed the cap.</p> <p>RM noted FIP and QUIPP need to be considered equally. While the Trust has risks in Q1 and for the remainder of the year, the commissioners have risks to at least the same value. There is a need to identify how SFHFT can work directly with Nottinghamshire Healthcare to mitigate some of the demand.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p><b>16/910</b></p>	<p><b>BOARD ASSURANCE FRAMEWORK (BAF)</b></p>		
<p>3 mins</p>	<p>RM advised the BAF was last presented to the Board of Directors in April 2018. There are seven principle risks, one from a financial aspect, one relates to patient impact, one staff impact, three are linked to services and one is reputational. The risks were reviewed at the last meetings of the Finance Committee, Quality Committee and Risk Committee. None of the ratings have changed but the view is the risks as described in the BAF are well understood and it is a meaningful document.</p> <p>GW advised the BAF was presented to the Audit and Assurance Committee (AAC) on 19<sup>th</sup> July 2018. The external auditors felt the document was comprehensive and was very clearly laid out.</p> <p>JM acknowledged the document had been presented to each of the committees. JM felt the risk treatment strategy for the first risk should</p>		

	<p>include the medical staff strategy in addition to the nursing and midwifery strategy. This was AGREED.</p> <p>The Board of Directors were ASSURED by the report</p>		
<b>16/911</b>	<b>CAPACITY PLAN</b>		
5 mins	<p>Discussion on the capacity plan was deferred to the meeting of the Board of Directors to be held on 30<sup>th</sup> August 2018. However, RM provided an update on discussions in relation to developing a system wide capacity plan.</p> <p>RM advised the need to have a clear understanding across the system about the level of activity and the capacity required to care for patients in a timely way has been recognised. A proposal has been received from colleagues in the ICS in relation to developing and maintaining a system plan. The Trust has discussed this with Nottinghamshire Healthcare and commissioners and the view is the product offered is not fit for purpose at the moment. The Trust has a clear understanding about capacity requirements in the acute setting. However, to make the product meaningful there needs to be an understanding and monitoring of social care capacity, primary care capacity and capacity within nursing and care homes.</p> <p>RM advised he will be writing to the ICS explaining the Trust welcomes the opportunity to work with colleagues on developing the system plan, but the view of members of the Integrated Care Partnership (ICP) is that the position for 2018/2019 is known and any form of tool will not assist the planning for 2018/2019. However, the Trust does want to work with partners on the development of something which may provide benefits in 12 months' time. However, the focus should be on the community. There is a need to recognise that the conclusion may state the need for more capacity and, therefore, more workforce and funding. The challenges accessing these are well known.</p> <p>JM felt there is a need to encourage a system wide approach to capacity (not just beds) when considering the wider system, changing pathways and care being provided in the community. It was AGREED that RM would discuss this with other system leaders.</p>		
<b>16/912</b>	<b>LEARNING FROM DEATHS QUARTERLY REPORT</b>		
10 mins	<p>EJ presented the Q1 Learning from Deaths report, advising this outlines the work plan for 2018/2019 and identifies 4 or 5 key areas of focus for the year. The Hospital Standardised Mortality Ratio (HSMR) remains within the expected range. The contract with Dr Foster has been renewed for a further 3 years. The aim is for the Trust to be more proactive and to look at the diagnosis groups to gain a better understanding of the data at sub speciality level. As the process of the mortality review structure matures over the coming year, the aim is for the Trust's own clinical teams to drive the agenda. This work will commence in September and will result in a better report and improved value for money on the contract with Dr Foster.</p> <p>The Trust will be looking at how to better engage with bereaved families. This does not relate to how patients and relatives are</p>		

managed at the point of death, but how to engage with them 2-4 months after the death if an issue is identified through the Structured Judgement Review (SJR) process which had not been raised as a concern at the point of death. Work internally and with external partners will be continued in relation to this. There is a good bereavement service within the Trust. Early contact is made with bereaved families to offer the immediate opportunity for them to talk to the clinical team who had cared for their relative to raise any questions or concerns. Additionally, a survey is sent 6 weeks after the death to provide further opportunity for the family to raise any questions.

Another focus is the implementation of the ReSPECT tool. This work will have a positive impact across the organisation.

There is an expectation that by the end of March 2019, organisations will have implemented a form of medical examiner role; work has already started on developing this within SFHFT. Discussions are taking place with partner organisations as there is no guidance on what the role should look like. Some health economies are choosing to do it as a whole health economy, whereas the pilot sites have done it in-house. The role will bring benefits of additional training for junior doctors and the accuracy of death certification and cause of death. It will also build good relationships with the coroner to ensure the early identification of cases that should be referred to the coroner. The role will also identify cases where there may be issues in relation to the care provided which requires further scrutiny or investigation and will provide support to other medical and clinical staff across the organisation.

The Trust continues with its aim to review a minimum of 90% of all deaths. However, it is difficult to complete a death review in real time due to difficulties in obtaining notes. The annual summary will provide the cumulative view. The number of deaths reviewed in Q1 of 2018/2019 is already higher than the same period last year, with work from June still being caught up.

An area of focus with the teams is the SJR element as the richness of learning comes from this.

NG acknowledged performance in Q1 is better in 2018/2019 than 2017/2018 but noted there appears to be a downward trend and queried the cause of that.

EJ explained there is a time lag and the work for Q1 is not yet complete. On average there are 110-130 deaths per month across the Trust, with the majority of those (50-60%) being in 2 specialities, health care for the elderly and respiratory. It takes time to catch up with reviews which is why the annual figure is the key cumulative figure.

JM queried if the Trust was in discussion with NUH in relation to the medical examiner role to ensure consistency.

EJ clarified discussions were ongoing with all the providers in the area, including Leicester and Sheffield who had been pilot sites.

The Board of Directors were ASSURED by the report



16/913	<b>USE OF TRUST SEAL</b>		
1 min	<p>The report was taken as read</p> <p>The Board of Directors were ASSURED by the report</p>		
16/914	<b>STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION UPDATES</b>		
1 min	<p>PR highlighted the minor changes to the Standing Financial Instructions and Scheme of Delegation which had been approved at the AAC.</p> <p>The Board of Directors APPROVED the changes</p>		
16/915	<b>ASSURANCE FROM SUB COMMITTEES</b>		
mins	<p><b>Audit and Assurance Committee (AAC)</b></p> <p>GW advised the AAC had discussed the Annual Audit Letter received from the external auditors. This makes a number of recommendations. It was <b>AGREED</b> to incorporate those recommendations into the tracking of all outstanding recommendations, which currently only focusses on internal audit. Unlike internal audit recommendations, external audit recommendations don't have a management response. The work will be passed to the Quality Committee to oversee the implementation of the recommendations.</p> <p>There is an ongoing issue regarding the register of interests with the rate of completion currently standing at less than 50%. This should have the same level of importance as mandatory training as it relates to key senior staff being open and honest about their interests outside of SFHFT and these being captured correctly on record. There needs to be a cultural change in relation to this with a consideration being given to disciplinary action being taken if the register is not completed.</p> <p>RM advised the Trust knows the people who need to respond and, therefore, know the people who haven't responded. RM advised he would write to staff who haven't responded to remind them of the importance of declaring their interests and to ask them explicitly why they choose not to respond. This action to be taken prior to going down the disciplinary route.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Letter to be sent to staff who haven't responded to remind them of the importance of declaring their interests and to ask them explicitly why they choose not to respond</b></li> </ul> <p><b>Finance Committee</b></p> <p>NG advised there is a risk in delivering the control total for the year, particularly in relation to the FIP programme. However, NG noted he is encouraged this will come to the fore in terms of monitoring, supporting all the schemes currently on the table and that the executive team are taking responsibility for driving FIP forward with the divisions.</p>	RM	30/08/18



	<p>In relation to the PFI contract management report, there are a lot of actions identified which are taking a long time to come to fruition and there is a concern that things such as the deep clean programme could be delayed to August or beyond. However, it is encouraging to note a third party has been appointed to assist in this contract management. An increased focus is required to maximise use of the estate.</p> <p>NHIS are currently looking at a deficit of £80k for the year due to the purchase of software to assist in relation to cyber-attacks. It was AGREED this is a worthwhile investment.</p> <p>NHSI have responded to the 2018/2019 plan, highlighting the impact on the system if the volume reductions do not come to fruition.</p> <p><b>Charitable Funds Committee</b></p> <p>TR acknowledged the success of the Community Hub in the main entrance at Kings Mill Hospital which Charitable Funds invested in. The hub has generated many benefits to the organisation. What has been agreed, as part of the reflective practice, is the Charitable Funds Committee will return to areas where investment has been made to confirm what is being delivered matches with the business case submitted.</p> <p>The Trust is aiming to recruit up to a further 100 volunteers to assist with the Winter pressures. Volunteers can give anything upwards of 2 hours per week. The work of the volunteers was recognised during Volunteers Week and the NHS 70<sup>th</sup> birthday celebrations.</p> <p>The gamma scanner appeal currently stands at circa £100k. Charitable Funds have reflected on what can be learnt from this appeal for the future.</p> <p>The Charitable Funds Committee received the draft annual accounts and reports. There are no concerns and these will come through to the Trustee, which is the Board of Directors, when they are finalised.</p> <p>An internal audit report with significant assurance was received, as were project updates. The fund balances, expenditure and investments were reviewed and no concerns were raised.</p> <p><b>Quality Committee</b></p> <p>TR advised it was reported through PSQG that an extensive review of the 12 hour breaches had been undertaken. The root cause analysis was in relation to mental health and the actions taken forward relate to a challenge in relation to EMAS. Plans are in place to try to rectify the situation for the future.</p> <p>The implementation of NEWS2 is progressing well. This will provide an opportunity for support in ED when there is an assessment in relation to delirium. This is seen as a positive tool.</p> <p>The improvement in medicines optimisation was acknowledged and it is pleasing to see how this has moved forward.</p>		
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	<p>There was a concern at the June PSQG meeting in relation to compliance with the Blood Transfusion CAS Alert. Assurance has been received the Trust is meeting the requirements. Following on from this, each division is asked to look at CAS alerts and report any concerns through PSQG.</p> <p>Ophthalmology has been a challenge and there are a number of actions which will be monitored through PSQG.</p> <p>An update in relation to midwifery was received and the Quality Committee recognised that governance in this area has improved significantly.</p> <p>There were 248 complaints in 2017/2018, which is a 34% decrease on the previous year. Ten cases went to the Parliamentary and Health Service Ombudsman with five cases being upheld, two cases partially upheld and three currently undergoing further investigation. No change in themes was noted.</p> <p>NG noted ophthalmology is a service with increasing demand and it is concerning that a couple of patients were put onto the wrong pathway. NG queried if assurance has been received the triage process is working correctly and no patients will be put on the incorrect pathway in the future.</p> <p>TR stated you can't say it won't happen again but there is more confidence in the process now. If there are any issues these will be escalated to AH.</p>		
<b>16/916</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
mins	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation</p> <ul style="list-style-type: none"> <li>• Performance, to include positives and pressures on the financial side</li> <li>• Patient story</li> <li>• Risks</li> <li>• CQC report</li> <li>• Register of interests</li> </ul>		
<b>16/917</b>	<b>ANY OTHER BUSINESS</b>		
1 min	No other business was raised.		
<b>16/918</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
1 min	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 30<sup>th</sup> August 2018 in the Boardroom at King's Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12.10pm</p>		



16/920	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	No questions were raised		