

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 09:00 on Thursday 30<sup>th</sup> August 2018 in the Boardroom, King's Mill Hospital

<b>Present:</b>	Claire Ward	Non – Executive Director (Chair)	CW
	Neal Gossage	Non – Executive Director	NG
	Graham Ward	Non – Executive Director	GW
	Tim Reddish	Non – Executive Director	TR
	Barbara Brady	Specialist Advisor to the Board	BB
	Richard Mitchell	Chief Executive	RM
	Dr Andy Haynes	Medical Director & Deputy Chief Executive	AH
	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
	Shirley Higginbotham	Director of Corporate Affairs	SH

<b>In Attendance:</b>	Sue Bradshaw	Minutes	
	Helen Hendley	Deputy Chief Operating Officer (Elective Care)	HH
	Daniel Smith	Respiratory SpR & Management & Leadership Fellow	DS
	Justin Wyatt	Ward Leader, Ward 43	JW
	David Hodgson	Consultant in Respiratory Medicine	DH

<b>Observer:</b>	Keith Wallace	Governor	
	Roz Norman	Staff Governor	
	Sue Holmes	Governor	
	Andrew Topping	Press	
	Trevor Illsley	Observer - Bayer	
	Stuart Taylor	Observer – O2	

<b>Apologies:</b>	John MacDonald	Chairman	JM
	Simon Barton	Chief Operating Officer	SiB

Item No.	Item	Action	Date
<b>16/932</b>	<b>WELCOME</b>		
1 min	The meeting being quorate, CW 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>16/933</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	RM declared his position as Chair of the East Midlands Leadership Academy.		
<b>16/934</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	Apologies were received from John McDonald, Chair, and Simon Barton, Chief Operating Officer.  It was noted that Helen Hendley, Deputy Chief Operating Officer (Elective Care), was attending the meeting in place of Simon Barton.		
<b>16/935</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> July 2018, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>16/936</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that actions 16/906, 16/909a, 16/909b and 16/915 were complete and could be removed from the action tracker.		
<b>16/937</b>	<b>CHAIR'S REPORT</b>		
1 mins	CW presented the report on behalf of JM. The report was taken as read.  The Board of Directors were ASSURED by the report		
<b>16/938</b>	<b>CHIEF EXECUTIVE'S REPORT</b>		
10 mins	RM presented the report, advising the good start to the year has continued with quality being maintained and the workforce metrics showing positive results. Access remains strong but the Trust is working to improve in elective care and cancer. However, the Trust's financial position is giving cause for concern.  There are two key risks for this year, which will continue into 2019/2020. The first of these is Winter, which is also a key risk for the Trust's partners, and ties into the financial position. There are three aspects in relation to finance, these being is there a good contract in place, is the Trust delivering on the level of activity planned and are costs being effectively managed.		

	<p>Currently emergency activity is above and beyond the anticipated levels for this stage of the year. This is concerning and will be a concern going into Winter. There has been a drop-off in the levels of elective activity, which is where income is generated. The ideal position is to see more elective and less emergency work, but this is not the current position. More work is required in relation to cost control and a series of proactive steps are being taken which should put the Trust into the best possible position for the remainder of the year.</p> <p>The ED 4 hour standard is a proxy indicator of overall quality, not only in ED but across the organisation and the way the Trust works with partners. SFHFT is on track to deliver this standard for August, which will be the fourth consecutive month. This is something the Trust has achieved on only one other occasion.</p> <p>It is anticipated activity and acuity will increase over the next couple of months so the Trust needs to work as closely as possible with partners. The CQC will be visiting the Trust again in 7-8 months' time. Therefore, Q3 and Q4 will be even more important. The Trust should be proud of what has been achieved in the first few months of 2018/2019 as this puts the organisation in a good position for the remainder of the year.</p> <p>NG sought clarification if 16 was the correct level for current risk exposure for the Board Assurance Framework (BAF) principle risk 3 (critical shortage of workforce capacity and capability).</p> <p>RM advised the risk rating has been assessed in a number of forums and felt this is the right level; 16 is a significant risk. It is known that even at times of pressure over Winter the Trust is able to maintain safe staffing levels. Additional beds will only be opened this Winter if there are the staff to support this. Additional nurses will be joining the organisation in September. This is one of SFHFT's three most significant risks and there is an intrinsic relationship between demand, workforce and financial sustainability. The Trust will not be an organisation which uses excessive amounts of agency or locum staff this Winter to open beds as this is not a good thing for patients or continuity of care and it doesn't support the financial position.</p> <p>SuB advised there are in excess of 50 nurses due to start work for SFHFT in September and October 2018, but acknowledged it is unlikely all of these will start. However, a recent 'Keep in Touch' day was attended by over 30 potential new nurses and SuB advised she is confident these people will start. The 'Keep in Touch' postcards have been continued and SuB advised she has written to all the potential new nurses following the 'Keep in Touch' day. Additionally, there are 10 Trainee Nurse Associates (TNAs) due to qualify in February 2019. Work is currently underway to complete a Quality Impact Assessment (QIA) and scoping on all the areas which could support a TNA as they are able to perform more duties than an HCA. An update will be provided to the Board of Directors in September which will be after the start date for the first tranche of new nurses. SuB advised she is confident the latest CQC report will make SFHFT more attractive as a place to work and the advertising on the Trust website has been amended.</p>		
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	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Update on Quality Impact Assessment and newly qualified nurses joining the Trust to be presented to Board of Directors in September</b></li> </ul> <p>AH advised from a medical perspective the Trust is going into Winter 2018/2019 with the least number of medical vacancies since at least 2013/2014. SFHFT continues to recruit well on the Clinical Fellows Programme and there are currently the highest ever number of CESR Trainee Doctors within the Trust. A piece of work is ongoing through the medical task force looking at Junior Doctor safe staffing levels.</p> <p>JB added the Trust currently has a strong Bank. A lot of work has been carried out to boost the nursing bank and also medical locums. Therefore, the Trust has stronger contingency arrangements than previously.</p> <p>RM provided a written ICS update report which was taken as read.</p> <p>RM provided a verbal update in relation to the Mid-Nottinghamshire (Mid-Notts) Alliance, advising the Integrated Care Partnership (ICP) is the delivery unit of the Integrated Care System (ICS). There will be two ICPs, one in mid-Notts and the other in Greater Notts. The ICP will be the way in which SFHFT, commissioners, Notts Healthcare, Social Care and others work together to improve the quality of care to patients and the public over the coming years. Additionally, the ICP will be the way in which the Trust works with partners to support all different groups of the workforce and ensure it is a nett recruiter of workforce into the region. Access is important and the Trust must also recognise its financial responsibilities, both individually and collectively. However, it is important discussions are not dominated by finance, while recognising it is important. Currently conversations are ongoing regarding recruiting into key ICP roles. SFHFT is in a strong position and the Trust should view itself as an organisation able to influence and lead discussions in a collaborative manner.</p> <p>The Board of Directors were ASSURED by the report</p>	<p>SuB</p>	<p>27/09/18</p>
<p>16/939</p>	<p><b>CQC 2018 ASSESSMENT BRIEFING</b></p>		
<p>11 mins</p>	<p>RM advised SFHFT has received a really good report from the CQC. The CQC have put in place new methodology from 2018 which means, unlike previous years, they do not look at every service. The dis-benefit of the previous method being it could be 3-4 years between visits, whereas now it is an annual process. However, the dis-benefit of this approach is they don't look at every service. Given this new methodology, the report received by SFHFT was the best possible report from a ratings perspective. The Trust was rated as Good overall with Care being rated as Outstanding.</p> <p>The CQC gathered 47 ratings, of which 42 were Good, 4 were Outstanding and 1 was Requires Improvement. Four of the five domains improved and the overall rating also improved. The reason why Safe remains as a Requires Improvement rating is because there were three services not visited in 2018 which were last visited in 2014</p>		

and 2015 when they were rated as Requires Improvement. Under the new methodology, if there are two or more services rated as Requires Improvement the best that can be achieved in that core domain is Requires Improvement. It is important to note that of the 10 services the CQC inspected in 2018 from a Safe perspective, all 10 were rated as Good.

The CQC will return to SFHFT in 7 months' time. As part of the 2019 assessment and ratings they will be looking at a minimum of 6 of the Trust's core services. These services being ones which weren't inspected in 2018. 50% of those services are based at Newark. Therefore, Newark is very important over the next 12 months and beyond for a range of reasons.

When the CQC returns, the Trust wishes to evidence further improvement. As a minimum the Trust wants to maintain the current position and evidence that the services inspected in 2018 have maintained their position. However, there are big expectations for the six services which will be inspected in 2019.

There is a good opportunity to learn from others. For example, critical care will be visited in 2019. Portsmouth Hospitals' Critical Care Team were rated as Outstanding in all five domains. Contact has been made with the team at Portsmouth and arrangements are being made for the Critical Care Team from SFHFT to visit Portsmouth and learn from their service. Other organisations are making contact with SFHFT to learn from some of this Trust's services.

There is an opportunity in 2019 to change some of the historical ratings and the Trust should be very ambitious for the overall rating in 2019. The Trust is grateful to its staff, volunteers and partners who have supported the organisation on the journey so far but there is still work to do.

CW advised she felt it was a delight and privilege to work with people within the Trust and to see the standard which has been achieved. CW felt proud of the staff who have made it happen and acknowledged the leadership provided over the last year has helped SFHFT achieve a Good CQC report. CW expressed thanks to RM and all of the directors for their work.

TR advised he was also proud to be part of the organisation and what it has achieved over the years. However, he queried what has been learned from the CQC process in 2018. Bearing in mind capacity planning, rather than Winter pressures, how can the Trust ensure that it continues to deliver 'business as usual' and doesn't slip in any areas.

RM advised an update would be provided to the Board of Directors every second month regarding the progress being made. The Trust wants to treat the CQC process as 'business as usual'. Discussions have already started in relation to the process between now and the 2019 CQC visit.

GW explained he had recently had a discussion with a member of staff at Newark Hospital who felt disappointed because of the CQC rating for Newark. GW advised he had explained the reasons in relation to not

	<p>many services at Newark being inspected which impacted on the overall rating. GW advised he got the impression staff at Newark are keen to be recognised as improving. The 2019 inspection will provide that opportunity.</p> <p>RM advised one of the learning points from the 2018 CQC visit, is that it is possible to pre-populate ratings based around the services which the CQC don't inspect. If this had been known in January 2018, the ratings could have been populated and it would have been known at the start of the process the overall rating for Safe was not going to change because of the historic Requires Improvement ratings. In the case of Newark, it would have been known at the start that insufficient services would be visited in 2018 for the overall rating to change. If this had been communicated earlier people may feel less disappointed now. The important message is that areas inspected at Newark Hospital were rated as Good.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>16/940</p>	<p><b>STRATEGIC PRIORITY 2 – TO SUPPORT EACH OTHER TO DO A GREAT JOB</b></p>		
<p>45 mins</p>	<p><b>Culture and Leadership</b></p> <p>JB provided an update on the culture and leadership toolkit work, advising the NHSI Kings Fund toolkit has been used to undertake the work. Board interviews have been completed and work has moved onto the subsequent stages, which are the leadership behaviour survey and focus groups. The survey has been completed and the analysis is awaited. Once this is complete, the results of the survey and focus groups will be collated, together with a leadership gap analysis prior to presenting the final report to the Board of Directors. Following this the areas to be addressed will be identified.</p> <p>The leadership development and talent management work is progressing. The new senior leadership development programme is due to start shortly, with the first cohort being the executive team towards the end of September. The remainder of the senior leadership team will attend sessions over the coming 12 months. All leaders will go through the same consistent programme which is based on the NHS leadership development framework. SFHFT has been working in partnership with NHS Elect to develop the programme. It is hoped most senior and middle leadership will go through the programme over the next 12 months.</p> <p>The Trust has been party to a more junior programme, the Mary Seacole Leadership Programme. This is a system-wide programme which the Trust piloted in 2017/2018. It is a national NHS leadership academy course which is now being offered locally in conjunction with system partners. There has been a good uptake to this with 11 graduates so far, 15 people are part way through the programme and 17 people are waiting for future places.</p> <p>Toolbox talks have been introduced, which are shorter programmes, usually half day or two hours in length. They are practical sessions around a leadership topic, some of which were in response to feedback from the last staff survey. A programme about values based leadership</p>		

	<p>will start in the Autumn which will link to the culture work which is ongoing.</p> <p>The annual leadership showcase event was held in July. This was an opportunity to hear from people who have attended leadership development programmes about their personal journey.</p> <p>Work has been ongoing to embed the new appraisal and talent conversations process. The appraisal system was changed from April 2018 to include a talent conversation for every member of staff. Training and familiarisation sessions have taken place. As part of the appraisal process, every member of staff can now have a talent conversation and look at career planning.</p> <p>The 'Wise Owls' network has been launched which is a buddy scheme within the Trust for people to share their expertise and support less experienced colleagues. This is on a voluntary basis and the take-up will be monitored. There are people in a range of areas who are 'Wise Owls'.</p> <p>The number of surveys has been looked at and an annual calendar for staff surveys has been produced. The key survey is the annual NHS staff survey which is run in Q3 and reported in Q4. Pulse surveys are run in the other three quarters, which are a 'Friends and Family' Test. It was identified that some surveys were almost running into the next. Therefore, there is now a structured plan for when surveys are sent out in an attempt to avoid 'survey fatigue'.</p> <p>The result of the Q1 Friends and Family Staff Pulse Survey are that 88% of staff would recommend SFHFT as place for treatment or care, compared to 78% in the 2017 staff survey and 89% in the 2017/2018 Q4 Pulse Survey. Additionally, there has been an increase in the number of staff recommending SFHFT as place to work from 70% in the 2017 staff survey to 77% in both the Pulse Surveys undertaken in Q4 of 2017/2018 and Q1 of 2018/2019. These are good results which compare well with other Trusts. SFHFT's ambition is to be outstanding. Therefore, the aim is for everybody in the organisation to give the Trust these recommendations.</p> <p>JB advised the way information is gathered has changed which provides the ability to drill down and analyse the information. It is possible to distil the information by staff group, division and site. This provides more information about areas which need to be looked at and is proving very useful. Additionally, staff can add individual comments, as well as the recommendation, which is providing good insight.</p> <p>In the latest Pulse Survey, only 22 negative comments or concerns were included in relation to the care provided by the Trust from over 1000 responses. There were many positive comments. In relation to comments regarding recommending the Trust as a place to work, there were some very positive comments and 80 negative comments or comments of concern. These comments are taken seriously and they mirror comments made in the 2017 full NHS staff survey. Actions are already in place to address some of those areas of concern and the culture and leadership work will help in gaining an understanding about some of those comments.</p>		
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<p>Feedback has been received about the sickness absence policy, with focus groups having been held in relation to this. Ways to support staff with long-term chronic illness are being looked at.</p> <p>In response to comments about favouritism, the personal relationships at work policy has been developed and will be launched shortly. The approach being taken is for this to be transparent. SFHFT is a large local employer and there will be people who have relatives working for the Trust and sometimes people meet their partners at work. People should have strong friendships at work but there is a need to ensure those relationships are transparent and visible. If a relationship could cause an issue, measures can be put in place. For example, if the staff members involved were in line management we would make sure they don't do one another's appraisal or approve expenses. There will be a declaration process at the start of things like appeals, disciplinary process, recruitment panels, etc. where staff would need to declare if there is a personal relationship with anyone else involved.</p> <p>The Occupational Health Survey results show 100% of staff stating the service is excellent or very good. There were lots of positive comments and no negative comments. Using Model Hospital to look at this service, SFHFT is low to medium on cost and productivity is very high. Compared to some trusts, SFHFT offers double the number of occupational health interventions and support.</p> <p>In relation to Freedom to Speak Up and raising concerns, there have been a low number of cases in Q1 with only one case which could be classified as 'whistleblowing'. This is being treated very seriously and is being looked at carefully. There are five Freedom to Speak Up Guardians. Work is currently underway to revise the policy and approach in light of new NHS guidance. The Trust wants to promote other routes of raising concerns apart from the Guardians.</p> <p>CW noted the use of e-mail for the survey had proved successful and queried what the next stage is in relation to how different communication methods are used to improve the return rate.</p> <p>JB advised this related to the Pulse survey. One of the things to concentrate on is the national staff survey in Q3 where a blended approach will be used. Some surveys will be in hard copy and others electronically due to access staff have to IT. Discussions have taken place with staff, managers and the senior leadership team and the blended approach has been revised. More electronic surveys will be used for the national survey in 2018 but the Trust has not gone wholly electronic. Ward based staff will still have paper based surveys. The balance is gradually shifting, but in a practical way.</p> <p>RM advised due to 'survey fatigue' it is expected the Q2 results will be lower. The message to staff is if time permits to respond to the Q2 Pulse survey, then please do so, but it is important to respond to the national survey in Q3. For staff receiving the survey through their NHS.NET e-mail address, this can be accessed from home or forwarded to personal e-mail accounts. Feedback from divisional colleagues regarding the paper copies is that they talk to teams of staff and individuals and explain why the survey is important. This is another way in which the response rate can be increased. SFHFT achieved</p>		
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	<p>56% response rate to the main staff survey last year. It is hoped this can be increased to 60% this year.</p> <p>BB felt 'survey fatigue' is a very real issue, advising on the latest evidence people who are very disenchanted will respond to surveys, as will people who are passionate. It is people in the 'middle ground' who tend not to engage. This is the danger in reading too much into a lower response rate.</p> <p>In relation to the senior leadership development programme, BB sought clarification as to how SFHFT is moving to recognise itself, not just in having to develop in the context of this Trust, but as part of a system and how many of the development opportunities are internal and how many are done in conjunction with other stakeholders.</p> <p>JB advised one of the key elements of the sessions which NHS Elect will be running is system leadership, the Trust's role in that and how we are leaders in the system as opposed to leaders of our trust. In relation to joint training and people going on joint programmes, part of the OD Strategy work looked at this and people do access programmes through the local leadership academy. The next step will be to look at joint programmes and provision.</p> <p>NG felt this work will help the organisation get to outstanding. The key issue is about leading transformational change, talking about transformation in services and the way they are delivered. The Trust is in a position to be a leading partner in the ICS and needs to equip its leaders to ensure they can manage the transitional and transformational change to deliver the integrated service.</p> <p>TR sought clarification if the 22 negative comments were from one person or if 22 people had 1 comment.</p> <p>JB confirmed it was 22 people.</p> <p>RM advised detailed discussions have been held to identify themes. While acknowledging the 22 negative responses are important, they are scattered throughout the organisation.</p> <p><b>Nursing Strategy Progress Report</b></p> <p>SuB advised the Nursing and Midwifery strategy was launched in April. All nurses, midwives and Health Care Assistants (HCA) have been issued with their own copy of the strategy and a copy is issued to all new starters on their induction. In relation to delivery of the strategy, there are five Heads of Nursing and, therefore, they each have a strategic priority to lead on. They have been allocated an Allied Health Professional (AHP) and a nurse consultant to support them with this.</p> <p>A group of matrons and AHPs have developed an appraisal checklist to be used in addition to the Trust's appraisal. This is to identify what their pledge is as to how their work has delivered towards this strategy. The delivery of the strategy is monitored each month through the nursing, midwifery and AHP board and there is an operational plan behind each of the strategic priorities.</p>		
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<p>There is a target to reduce the number of Band 5 registered nurse vacancies to 12% by the end of the year. This is currently just over 21% so there is more work to do.</p> <p>There has been a refreshed model for clinical supervision. The target is to offer clinical supervision to 30% of RNs and RMs by the end of March 2019. This target may not be met but SuB expressed confidence in the model. Midwifery mandatory supervision has changed, in that it is no longer mandatory so SFHFT took the opportunity to look at clinical supervision across nurses, midwives and AHPs and developed a model across all three areas. The feedback from staff who have received the training is very positive and the Trust is looking towards publishing this model in the future as no other organisation has done clinical supervision in this way.</p> <p>Two of the target of eight nurses are engaged in the research academy, with another three waiting to start.</p> <p>The metrics and ward accreditation have been refreshed and the rollout is in line with Perfect Ward implementation.</p> <p>Three health and wellbeing groups for patients and the local community have been held and this is gaining momentum. Some work is being done with the homeless with a visit to a soup kitchen, some work around tissue viability being done and there will be a health session in November. SuB advised she will shortly be meeting with the CCG, Director of Primary Care and Chief Nurse to discuss how to get GP and dental support as part of this programme.</p> <p>In relation to the retention strategy, the annual newly qualified nurses tea party will be held in October, work is underway to look at chief nurse fellows in order to retain Band 6 and Band 7 nurses and SuB will continue to do development work with Band 6 nurses who are aspiring Band 7s.</p> <p>As there are a significant number of staff within the Trust over the age of 40, there will be a menopause conference on 18<sup>th</sup> October 2018. The Trust is engaged with the University of Bristol, University of Leicester and the OU regarding research. Proposals have been submitted nationally in relation to supporting staff in the workplace who are going through the menopause and HR are working with one of the local charities to support a policy around menopause in the workplace.</p> <p>The third AHP engagement event for the AHP strategy has been held. It is hoped the strategy will be published at the end of the year.</p> <p>BB noted a large number of nurses are due to start in September and it has been acknowledged that not all of them will start. BB queried if the people who don't start will be followed up to establish why they don't start and which organisation they do start with.</p> <p>SuB advised she has spoken to the Chief Nurses of two local trusts and advised some of the nurses due to start for SFHFT are also on their list. HR will follow up those nurses who don't start to ask why they didn't start and what was more attractive about the organisation they did choose to start with.</p>		
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	<p>RM advised the number of nurses joining in September had been discussed at a recent Senior Leadership Team (SLT) Performance meeting. A lot of work has been done to look after the nurses who are due to start and the CQC rating provides the opportunity for the Trust to market itself as an employer of choice across the East Midlands.</p> <p>JB added 54 of the new starters have confirmed start dates, with another 4 in the pipeline. Usually once people have a confirmed start dates, they do start.</p> <p>GW acknowledged all the work done to encourage the newly qualified nurses to start work for the Trust.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p>16/941</p>	<p><b>STRATEGIC PRIORITY 3 – TO INSPIRE EXCELLENCE</b></p>		
<p>14 mins</p>	<p><b>Research Quarterly Update</b></p> <p>DH presented the report, advising 843 patients have been recruited to trials in Q1, which is an increase of 546 from last year. This is primarily due to one particular study called Optimal. Currently 1033 patients have been recruited so the Trust is on track to achieve the target for the end of the year of 1400 patients. SFHFT has been recognised in the National Institute for Health Research (NIHR) league tables as a site with one of the largest increases in recruitment. As of Q1, SFHFT was joint leader of the national league tables for rapid set up and recruitment into newly initiated studies.</p> <p>There has been a 2.3% decrease to the budget provided by NIHR. However, the Trust has received a commercial income of just over £18k in Q1. In addition, research capability funding of approximately £20k has been received to help set up and progress new research projects. Innovation funding has also been received.</p> <p>In terms of risks, NIHR has requested that the Trust does not provide direct PA funding to consultants as of the next financial year. Currently ways to finance this are being investigated as the risk would be recruitment may slow down if the Trust is no longer able to provide that support to consultant staff.</p> <p>Two new commercial studies have opened in Q1, with another in set-up. Interviews will be held shortly for a Band 7 team leader and a research secondment programme is in process. This is a way of engaging staff with research work.</p> <p>Priorities for the coming year are to broaden the research portfolio, particularly in dementia and falls, to continue to grow commercial research activity and to contribute to the Trust’s quality agenda by creating research opportunities for patients and staff.</p> <p>GW felt there is an opportunity for more commercial research, which can have a positive impact on the staff involved as well as a financial benefit.</p> <p>DH advised one of the strategic priorities for this year is to develop commercial activity. An issue with commercial studies is that they</p>		

<p>involve complex visits. The Trust does not necessarily have the facilities to provide what is required but this is being looked at.</p> <p>AH advised one of the issues is space and equipment. Research improves care to patients as it provides local access to new treatments and drugs. In addition, it improves staff recruitment and retention. Moving towards ICS provides opportunities to do more population based research.</p> <p>BB sought clarification if a trial closes once the recruitment target has been reached.</p> <p>DH advised some trials do and others continue to allow additional patients to be recruited.</p> <p>BB queried if people coming into the system in Q3 and Q4 are disadvantaged if recruitment and the trial is closed by Q2.</p> <p>DH advised a particular trial is now closed but this looked at the discharge process and was not a treatment trial. Because it is a research trail, until the outcome of the study is known, it is not known if there is a benefit to patients or not. This was a national study. In terms of other studies, it is dependent on the protocols for the particular study and if it is still running.</p> <p>AH explained for most trials there is a window while the trial is underway and another while the results are analysed to establish if it passes the test for NICE funding. Inevitably there will be a window when people can miss access to a treatment.</p> <p>TR felt the Board of Directors need to be mindful when considering the number of patients recruited in the future as there might be a decrease in overall numbers but capacity or requirements of studies has been maximised.</p> <p>DH explained NIHR attach a weighting to reflect the type of study. For example, if one patient is recruited to an interventional trial, this counts as 12 patients. Therefore, the numbers are not absolute.</p> <p>RM queried how the quality of research is measured.</p> <p>DH advised that once the study is published a view can be formed if it was successful or not. In terms of quality for patients, informally good feedback from patients has been received but it is not something which is routinely collected at present. Quite often the trial involves a very small intervention by the Trust, for example, collecting a blood sample or submitting x-ray data. Therefore, some studies may not involve direct contact with the patient but there are some cases where the patient can be contacted to ask about their experience of contact with the research department.</p> <p>RM sought clarification regarding the business case for developing a dedicated research unit on the Kings Mill site.</p> <p>PW advised a number of options had been investigated but a viable solution has not yet been found. This will be looked at again as a</p>		
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	<p>priority.</p> <p>DH advised income received by the research department is largely from NIHR and is to support research; there are no funds within that to invest in terms of capital. Additionally, there is currently no space which exists in the form which would work as a research area. Therefore, any area identified would require fairly significant input.</p> <p>AH advised most Trusts address this by having a dedicated area within the outpatients department.</p> <p>RM advised research is a key part of the Trust's strategy and will be given the consideration it deserves when work on the strategic refresh is completed.</p> <p>KB advised work is ongoing with HR to refresh the consultant recruitment pack. This includes placing a larger focus on research.</p> <p>TR expressed the view that a trial is a trial and there are no guarantees but what can be controlled is the quality of service provided.</p> <p>DH advised anecdotally patients' experience is largely positive as they have regular visits and regular discussions with research staff which is over and above their standard treatment.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p><b>16/942</b></p>	<p><b>PATIENT STORY - INSPIRING CHANGE: THE JOURNEY TO OUTSTANDING ACUTE NON-INVASIVE VENTILATION CARE</b></p>		
<p>32 mins</p>	<p>DS and JW presented the patient story which related to Non-Invasive Ventilation Care.</p> <p>DS advised the respiratory team have introduced an NIV prescription to speed up treatment time for patients identified with type 2 respiratory failure. The team won an award for this chart from the British Thoracic Society and the document has been shared with 50 of the 135 trusts across the country.</p> <p>A Respiratory Support Unit (RSU) has been established and acute respiratory nurses have been recruited to provide 24 hour cover. The team have determined quality standards for the ward which are monitored on a daily basis.</p> <p>TR enquired if there were any barriers to further progress being made with this work and asked if there is any evidence around the effectiveness of things such as Power Breath, etc. in terms of helping to exercise the lungs.</p> <p>DS explained for the vast majority of patients their treatment is not started by respiratory team. When work on improvement plans for the ward commenced, it was acknowledged that A&amp;E and acute medicine would need to be involved. Training was provided to the acute medicine team and one of the next steps is to do the same for A&amp;E. Good feedback has been received in relation to the simulation training piloted in respiratory and the team has had a request to replicate that work in EAU. There needs to be a wider understanding of the patient's</p>		

	<p>journey and that is the next step. The dashboard which the team use on a daily basis has been developed in such a way that if the answer to any of the questions is no, the system gives information on the action to take.</p> <p>In terms of exercise for the lungs, in the past the vast majority of patients were COPD patients. However, there is now an overlap with obesity and/or their sole diagnosis is obesity, i.e. there is no problem with their lungs, it is simply the mechanical issue of the weight on their chest. Therefore, those patients do benefit from exercise and dietary changes.</p> <p>TR noted the dashboard used by the team is an exemplar of good practice and queried if this learning has been shared.</p> <p>DS advised some of this work has come from other divisions but good practice will be shared across the Trust.</p> <p>TR noted the importance of the work of the data analyst had been highlighted and felt going forward it is important to give thought to how data analysts are used.</p> <p>BB queried if the checklist currently in use identifies any action to take or referrals to be made in relation to a patient's obesity.</p> <p>DS advised the checklist in use at the moment is for admission. One of the next steps is to develop a discharge bundle. Further actions could be included in that.</p> <p>BB queried if this work has been shared with GPs as they may see some of these issues escalating in the community.</p> <p>DS advised there is representation at the CCG board and details of the work are shared in that way.</p> <p>BB queried if any information was being captured in relation to the impact of this treatment on patients' quality of life.</p> <p>DS advised this was not happening at the moment but will form part of the next steps being taken. Patients are followed up in outpatients, which will provide the opportunity to capture this information.</p> <p>GW felt this is a good example of how increasing everyone's awareness within the wider community can help patient care. For example, thinking about other things which connect to respiratory issues, such as obesity. The more this can be done with the Trust's services, the more overall patient care can be improved.</p> <p>DS advised the goal is to prevent hospital admissions.</p>		
<p><b>16/943</b></p>	<p><b>SINGLE OVERSIGHT FRAMEWORK PERFORMANCE REPORT</b></p>		
<p>25 mins</p>	<p><b>ORGANISATIONAL HEALTH</b></p> <p>JB advised all of the workforce Key Performance Indicators (KPIs) are rated green. Appraisal levels have been maintained at 96% and</p>		

	<p>mandatory training is 94%, despite July being a very busy period. JB felt this was a good reflection on how seriously people take appraisal and training.</p> <p>Sickness absence is below 3.5% for the fifth consecutive month. There are three divisions just slightly above 3.5% but all of these are below 4%. There are specific plans in place to address this which are followed up at Performance Review meetings.</p> <p>There were more starters than leavers in July. International recruitment for nurses has commenced.</p> <p>CW sought clarification regarding the information shown on the graph in the report as this does not appear to reflect the narrative.</p> <p>JB advised the graph shows a 12 month rolling average rather than in-month actual figures.</p> <p>The Board of Directors agreed for future monthly reports to continue to show the rolling average, with actual figures being included on the graph for the quarterly report. Additionally, future reports will show a graph of the trend by division.</p> <p><b>QUALITY</b></p> <p>SuB advised in relation to dementia, performance for Find is 98.6%, Assess is 100% and Refer is 89.2%, which is more than a 15% increase from the previous month. Targeted work is ongoing to improve performance and there has been a significant improvement from the position earlier in the year.</p> <p>In relation to the Friends and Family test, SB advised the ED response rate is 0.2% below plan and the recommendation rate for maternity and outpatients is also slightly below plan. There is a continued focus on Friends and Family with different departments sharing good practice.</p> <p>Falls and pressure ulcers remain in a positive position. There is continuous work for improvements, alongside the monthly fundamentals training. This is captured within ward assurance.</p> <p>There were three serious incidents reportable in July. Any incident is discussed at the all the nursing, midwifery and AHP forums. There are no overdue patient safety alerts and no breach of safe staffing safeguards. The weekly governance huddles continue and these are proving to be very effective.</p> <p>AH advised there were six cases of clostridium difficile (c.diff) in July against a target of four. It has been established none of these cases were avoidable, although there was one case where the choice of antibiotics could have been better. Infection control arrangements have been reviewed and they have been found to be in place and working correctly. To date in August, there have been 3 cases which suggests a return to baseline for the year overall. The Trust is on trajectory for the end of year standard.</p>		
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In May it was identified there had been a couple of months when there were five and four cases of pseudomonas, normally there would be between one and three positive samples per month. The nine samples were sent to be typed. Of these nine samples, five were the same type which implies an element of cross-infection. Within ITU the likely areas are either the ventilator or the water supply. The ventilator and ventilator policy were examined and all water sources reviewed. There are no links which would identify a source of cross-infection. All procedures and infection control in intensive care have been re-enhanced and the rate has returned to normal levels for July. The period of increased incidence was recognised and managed appropriately.

**OPERATIONAL**

RM reported the Trust is doing well in relation to the ED 4 hour standard and the department remains very busy. The Trust is on target to deliver the standard for August. It was noted activity is 5.5% higher than it was in August 2017.

Ambulance handover times require improvement as there are times when handovers take in excess of 15 minutes, 30 minutes and occasionally 60 minutes. There is a good plan in place which involves the Trust working closely with East Midlands Ambulance Service (EMAS). There is a need to ensure that when there is good flow out of ED, there are no ambulance handover problems; generally SFHFT is compliant with that. There is also a need to identify additional actions which can be taken so that when the occupancy rate within ED makes handover times difficult, everything possible is being done to release ambulance crews as quickly as possible. While SFHFT's handover times are not the best in the East Midlands region, EMAS do feel this Trust's handover process is very safe and within the limitations of the ED department.

HH advised Referral to Treatment (RTT) is an improving position through July but is not yet at trajectory. The Trust is committed to deliver the 92% standard by Winter. An elective Winter Plan is being developed. In terms of specialties at risk as part of that plan, the one most at risk is orthopaedics. The Trust will be in discussion with private providers about capacity to enable routine work to continue throughout the period. The number of specialities delivering the RTT standard has increased and good progress continues to be made in terms of 52 week waiters. The vast majority of these are due to historical validation work. Some significant progress has been made and it is anticipated this work will be completed by the end of December 2018.

The standard for diagnostics continues to be delivered.

The 62 day cancer standard was just missed in June, achieving 84.6% against the target of 85% but this was on trajectory. An increase in referrals is being seen, particularly around urology and the subsequent demand this puts on diagnostic capacity. Additional funding for MRI capacity through September has been secured and there will be a mobile MRI scanner on site in September. This will allow some additional flexibility in relation to which patients need to be scanned in the static scanner and what can be done in the mobile scanner. This



opens up the opportunity for more prostate patients.

**FINANCE**

PR advised as of the end of July, the Trust has a deficit of £17.5m pre-Provider Sustainability Funding (PSF), which represents £200k adverse to the YTD plan. At M4, full receipt of PSF funding is assumed giving a post PSF deficit of £14.8m, which is £200k adverse to plan.

Components of the current position are the Trust is slightly behind the expected position for delivery of the Financial Improvement Plan (FIP) at M4, medical pay spend is higher than expected at M4, elective care is behind where it was expected to be and maternity activity is less than expected. Therefore, income is not where it was planned to be. However, there are some off-setting benefits to those adverse variances which are non-elective activity being higher than expected and some un-committed reserves have been used against the position YTD.

Looking at the year-end forecast, all of those components remain in place. To achieve the control total a risk of £8.9m has been identified. A recovery plan is being developed which will be reported to Finance Committee and the Board of Directors in September.

The capital expenditure programme is slightly behind where it was expected to be but it is expected this will be delivered in full by year-end. Cash holdings at the end of July are higher than planned as the 2017/2018 Sustainability and Transformation Fund cash was received earlier than expected. This has allowed borrowing to be reduced during July and August.

NG noted whilst the release of uncommitted reserves has supported the results for the month, this will not be able to continue as reserves are limited. Noting elective activity is below plan by £0.72m with no reduction in cost, NG queried what could be done to reduce costs when there is no income to support this.

PR advised the Division of Surgery is working on a recovery plan as part of the overall recovery plan. The reduction of costs will be a component of that in terms of understanding going forward, connecting it to plans for elective activity for the rest of the year and understanding what components of cost can be removed. As staff are in post, theatres are in place, etc. there is a low marginal cost component to each item of activity that is below plan.

NG queried if staff can be released to work elsewhere in the hospital.

HH advised as part of developing the elective care Winter plan, options for deploying theatre staff elsewhere when they are not operating are being explored.

RM advised a lot of the Trust's costs are fixed. While income as a quantum is a high amount, as a proportion of the total income in different areas it is quite fine margins. The big drop off in activity required to change some of the Trust's cost base has not been seen. Things which can be influenced are the use of waiting list initiatives and

	<p>outsourcing of work. Therefore, where specialties are below plan, the use of waiting list initiatives would not be authorised.</p> <p>TR noted births are below plan and queried if there are fewer pregnancies or if people are choosing to go elsewhere.</p> <p>RM advised the Trust's market share hasn't changed. The CQC report highlights the good standard of the Trust's maternity service. More needs to be done to communicate that to families, GPs, etc.</p> <p>The Board of Directors were ASSURED by the report</p>		
<p><b>16/944</b></p>	<p><b>SFHFT'S WINTER PLAN</b></p>		
<p>18 mins</p>	<p>RM presented the Winter plan for 2018/2019 advising the development of the plan has involved clinical chairs, divisional teams, heads of service, matrons, etc. Additionally, staff drop-in sessions were held to obtain feedback from staff who cared for patients last winter.</p> <p>There are four key objectives within the Winter plan for 2018/2019, building on Winter 2017/2018 and working more closely with partners than previously. Within the parameters of providing safe, timely care and working with the Trust's substantive workforce, it is believed these are the right key objectives. The scheme description within the Winter plan provides information on the actions to be taken to achieve these objectives. Working with partners, SFHFT is hoping for the best and planning for the worst. Across health and social care, the evidence suggests the Trust is relatively high performing and works closely with partners. However, activity is high and will increase over the coming months.</p> <p>The plan enables additional bedded capacity above and beyond the peaks seen during Winter 2017/2018; this is being done in a proactive way. Additionally, non-bedded capacity is being looked at.</p> <p>There are three risks which underpin the plan. Firstly, the affordability of the plan; the cost of the plan being £3.8m. £2.34m has been identified but this puts more pressure on the overall financial plan and the Trust's ability to deliver the control total at year end. It is hoped that by working with commissioners and other partners, additional sources of funding can be identified.</p> <p>The second risk relates to the level of activity. It is felt the Trust has been realistic about what will happen this winter but there may be far more activity than is being forecast. However, steps are being taken to mitigate that.</p> <p>The third risk relates to pressure on staff. Even if the Trust has a successful Winter from a 4 hour standard and quality measures perspective, it will still be tough for staff. The Trust needs to do whatever is possible to alleviate some of that pressure. It should be recognised the success of this organisation at times of difficulty is based on team effort.</p> <p>While this plan is focussed on emergency care, steps are being taken to protect the elective through-put. There is an opportunity to proactively</p>		

<p>move work to Newark and the Trust is working closely with partners in relation to this.</p> <p>NG queried if the £1.4m funding gap has been factored into the £8.9m downside risk on the control total forecast?</p> <p>PR advised the amount assumed in the forecast is the commitment of £2.34m which is set in the Winter plan and does not include the £1.4m gap.</p> <p>TR sought clarification in relation to capacity and beds and previous challenges in relation to outliers, querying what assurance could be given that the right people will be in the right place when bed allocation is in combined wards.</p> <p>RM advised work had been done with staff to aid understanding of what the Trust is trying to achieve. There will be wards which are planned surgical wards which are moved onto the emergency pathway in a planned way for a proportion of time. There will be staff previously involved in caring for elective patients who, for a short period of time, will be caring for emergency patients. This could be defined as outlying but it will be in a planned way. There will be medical teams wrapped around the patient as this provides continuity of care and is the safest way to care for these patients. It is also a way of managing length of stay.</p> <p>AH advised the patients will be close to the ward's base service and there will be a structured switch of the beds and this will prevent outlying. Staff will recognise the different patient mix but this will not be done in an unplanned way.</p> <p>TR enquired if the maximum impact on cancellation of elective work had been identified.</p> <p>HH advised this is currently being worked on in relation to the elective care Winter plan.</p> <p>RM clarified that elective care won't be cancelled, but will not be booked in. The Trust is not planning to cancel any patients' appointments this Winter. It is likely the volume of patients receiving elective surgery this Winter will be lower than the summer months. As a minimum the plan is to replicate the level of activity of last winter. However, through proactive planning and the use of Newark it is believed there will be an increased volume of patients, which is good from a patient perspective and for the financial position.</p> <p>TR queried if there would be cancellations due to bad weather.</p> <p>RM advised this may happen but hopefully from the learning taken from Winter 2017/2018 and the approach taken this year, even if there was a 48-72 hour period of very poor weather, this would be mitigated and there wouldn't be the cancellations seen on certain occasions last Winter.</p> <p>BB felt the plan is about how capacity is flexed and could equally be applied in summer if there was a spell of extreme weather. BB queried</p>		
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	<p>why an end date was shown in the scheme description tables as safely avoiding admissions and reducing length of stay is good practice and should be done year round. Clarification was sought if evaluation against these strands of work will be undertaken.</p> <p>AH advised this partly relates to the additional funding and the timing of this. Therefore, end dates relate to that. There are some things which the Trust has stepped in to provide for Winter and needed additional funding for. This is the end date but they will be evaluated and if they're working they will be rolled forward.</p> <p>PR advised this is a step-up to meet additional activity requirements. By default some of that is already in place but in certain cases it is new.</p> <p>RM advised the Trust is working closely with commissioners in relation to this plan. If SFHFT can demonstrate to commissioners these are the right actions to take and they are benefiting patients and the health system, it is hoped to get funding for this year and funding will continue at the times of year it is needed.</p> <p>NG queried if the plan is to make capacity available elsewhere so surgical income is not lost.</p> <p>HH advised this is the discussion the Trust is having with independent providers.</p> <p>The Board of Directors APPROVED the Winter plan for 2018/2019</p>		
<b>16/945</b>	<b>ANNUAL ORGANISATIONAL AUDIT – RESPONSIBLE OFFICER</b>		
2 mins	<p>AH advised the purpose of this audit is to provide assurance to the Board of Directors that the appraisal and revalidation system for medics is functioning well. Additionally, it forms part of AH's appraisal with NHSE in confirming the Trust is providing the necessary resources to AH to enable him to fulfil the appraisal and revalidation function.</p> <p>The Board of Directors APPROVED the Statement of Compliance</p>		
<b>16/946</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
1 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>• Patient Story</li> <li>• Research quarterly update</li> <li>• High level of activity leading into Winter capacity plan</li> </ul>		
<b>16/947</b>	<b>ANY OTHER BUSINESS</b>		
1 min	No other business was raised.		

16/948	<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 27<sup>th</sup> September 2018, Rooms Civic 1 &amp; 2, Newark &amp; Sherwood District Council, Newark at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 11.45am</p>		
16/949	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Claire Ward</p>   <p><b>Chair</b></p>		<p><b>Date</b></p>

16/950	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
	No questions were raised		